

Case Number:	CM13-0024262		
Date Assigned:	12/11/2013	Date of Injury:	05/19/2006
Decision Date:	02/04/2014	UR Denial Date:	08/26/2013
Priority:	Expedited	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year-old male sustained an injury on 5/19/05 while employed by [REDACTED]. Request under consideration include Home Care Assist 6.9 hours per day. Per report of 7/9/13 from [REDACTED] the patient complained of neck, left shoulder, left knee, and left wrist pain, and depression. Exam of left wrist revealed decreased ROM, tenderness to palpation of distal radioulnar joint, positive grind test, and compression causes crepitation and pain; Exam of the shoulders revealed pain with movement and decreased ROM; Exam of the neck revealed TTP of the paravertebrals. PPlan indicated home health care for 6.9 hours a day to include transportation, medication administration, housekeeping, laundry, shopping, and home PT (per 6/17/13 medical report). Current diagnoses include s/p bilateral carpal tunnel releases, s/p bilateral midcarpal fusions, left distal radioulnar joint arthritis s/p triangular fibrocartilage debridement, right shoulder SAD, and left knee pain. Treatment had included wrist injections and medications. Request for the home care assist was non-certified on 8/26/13, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Home Care Assist 6.9 hours per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation ODG, Low Back, Home Health Services

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52.

Decision rationale: This 56 year-old male sustained an injury on 5/19/05 while employed by [REDACTED]. Request under consideration include Home Care Assist 6.9 hours per day. Per report of 7/9/13 from [REDACTED], the patient complained of neck, left shoulder, left knee, and left wrist pain, and depression. Exam of left wrist revealed decreased ROM, tenderness to palpation of distal radioulnar joint, positive grind test, and compression causes crepitation and pain; Exam of the shoulders revealed pain with movement and decreased ROM; Exam of the neck revealed TTP of the paravertebrals. Plan indicated home health care for 6.9 hours a day to include transportation, medication administration, housekeeping, laundry, shopping, and home PT (per 6/17/13 medical report). Current diagnoses include s/p bilateral carpal tunnel releases, s/p bilateral midcarpal fusions, left distal radioulnar joint arthritis s/p triangular fibrocartilage debridement, right shoulder SAD, and left knee pain. MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. There is no documentation of whether the patient is homebound or what specific deficient performance is evident in activities of daily living. Exam indicated tenderness and decreased range; however, has no clear neurological deficits. The Home Care Assist of 6.9 hours per day is not medically necessary and appropriate.