

Case Number:	CM13-0039615		
Date Assigned:	12/20/2013	Date of Injury:	06/07/2011
Decision Date:	02/11/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/03/2013

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 Emergency Medicine and is licensed to practice in New York. 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:

The patient is a 53-year-old female who sustained injury on June 7, 2011. Diagnoses included right shoulder rotator cuff repair with residual adhesions and partial rotator cuff repair, left shoulder strain/sprain with impingement, right shoulder medial epicondylitis, and right wrist tendinitis with moderate carpal tunnel syndrome. The patient was authorized to undergo right carpal tunnel release surgery. Request for authorization for post surgical home health assistance 4 hours daily for 3 days/week for 4 weeks and 4 hours day daily for 2 weeks was submitted on October 3, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care assistance 4 hours per day, 3 days a week, for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist & Hand, Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 51.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that home health services are recommended only for recommended medical treatment in patients who are

homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include personal care like bathing, dressing, or toileting and it does not include homemaker services like shopping, laundry, or cleaning. The care requested in this case includes activities of daily living. These services are not covered.

Home health care assistance 4 hours per day, 7 days a week, for 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist & Hand, Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 51.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that home health services are recommended only for recommended medical treatment in patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include personal care like bathing, dressing, or toileting and it does not include homemaker services like shopping, laundry, or cleaning. The care requested in this case includes activities of daily living. These services are not covered.