

Case Number:	CM13-0046857		
Date Assigned:	12/27/2013	Date of Injury:	07/29/2011
Decision Date:	03/05/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/01/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 43-year-old female who reported an injury on 07/29/2011 due to moving a patient while performing normal job duties. The patient reportedly injured her low back, neck, right shoulder, arm, and right leg and hand. The patient was initially treated with physical therapy and medications. However, ultimately underwent surgical intervention of the right shoulder and right wrist. The patient was treated postsurgically with physical therapy. The patient's most recent physical examination findings included slightly decreased range of motion and motor strength rated at a 4/5. Examination of the right wrist revealed decreased grip strength and decreased 2 point discrimination over the hand. The patient's treatment plan included continued physical therapy and a home health aide to assist with activities of daily living to include self care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide for the right shoulder and hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The requested home health aide for the right shoulder/right hand is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend home health aides for patients who are considered home bound on a part time or intermittent basis and for patients who need assistance in personal self care. The clinical documentation submitted for review does provide evidence that the patient is receiving assistance from her daughter. The clinical documentation does not provide any evidence that this level of care is not adequate for this patient. Therefore, the need for an additional home health aide is not clearly established. As such, the request home health aide for the right shoulder/right hand is not medically necessary or appropriate.