

Case Number:	CM13-0047644		
Date Assigned:	12/27/2013	Date of Injury:	06/22/2009
Decision Date:	05/21/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 expert 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 claimant is a 50-year-old female who was injured in a work related accident on June 22, 2009. Electrodiagnostic studies of the upper extremities performed on January 17, 2013 were noted to be normal bilaterally with no evidence of carpal tunnel syndrome or recurrent ulnar nerve neuropathy. An operative report dated August 26, 2013 documented that the claimant underwent a revision ulnar nerve transposition with extensive decompression, a right carpal tunnel release and a scar excision with advancement of flap and medial epicondylectomy. There was also noted to be a secondary repair of rupture to the pronator teres, flexor carpi radialis and flexor carpi ulnaris. Home health care, 4 hours per day, 2 days a week, postoperatively was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE 4 HOURS PER DAY 2 DAYS A WEEK FOR STATUS POST (S/P) RIGHT CARPAL TUNNEL RELEASE AND REVISION ULNAR NERVE TRANSPOSITION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES,.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, home health services four hours a day, two days a week following right carpal tunnel release, medial epicondylectomy and ulnar nerve transposition cannot be recommended as medically necessary. The Chronic Pain Guidelines recommend home health services for those individuals who are homebound on a part-time or intermittent basis. The documentation that has been provided for review does not indicate that the claimant is in any way homebound to require home health services. Therefore, the request is not medically necessary.