MAXIMUS Federal Services

Case Number:	CM13-0059068		
Date Assigned:	12/30/2013	Date of Injury:	01/25/2010
Decision Date:	03/31/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/27/2013

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 & Pain Management, has a subspecialty in Interventional Spine 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:

According to progress report dated 10/29/2013 by [redacted] the patient complains of pain in the right hand and right thumb. She describes her pain as aching, dull, sharp, stabbing, burning, gnawing, stinging, cramping, shooting, nagging, severe, throbbing and radiating. She rates her pain 3/10. Her pain is intermittent lasting less than 1/3 of the day. The patient reports difficult sleeping due to anxiety. The patient feels that her relationships have been affected due to her pain, irritability, withdrawal and stress. She is able to tolerate standing for 15-20 minutes. She had difficulty with bathing, cleaning and shopping. Objective findings show the patient is well nourished, well developed, well groomed and in no apparent distress. Motor strength for the upper and lower extremities are normal. Paresthesias to light touch noted in the digit 2, 1 of the right hand sharp. Tinel's and Phalen's tests are positive. The treater is requesting additional 12 PT for the right thumb and right upper extremity and Home Health Care 5 days a week for 4 hrs a day for 6 months to assist with housekeeping, cooking, gardening and assistance with shopping.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) x 12 sessions for right hand and thumb: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation ODG) Official Disability Guidelines (Forearm, Wrist, & Hand Chapter)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: This patient presents with chronic right hand and right thumb pain. The treater is requesting additional 12 PT for the right thumb and right upper extremity. ODG guidelines for wrist/hand recommends 9 visits over 8 weeks for pain symptoms in the joint. Physical therapy report dated 10/22/2013 shows that the patient has received 8 sessions and was able to tolerate the treatments well. In this case, the requested 12 combined with the previous 8 would far exceed ODG guidelines of 9 visits. The patient should now be well versed in exercise regimens to start a self directed home exercise program. Recommendation is for denial.

Home Health Assistant 5 days a week for 4 hours daily for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG) Official Disability Guidelines, Low Back Chapter & http://www.medicare.gov/Publications/Pubs/pdf/10969.pdf)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

Decision rationale: This patient presents with chronic right hand and right thumb pain. The treater is requesting Home Health Care 5 days a week for 4 hrs a day for 6 months to assist with housekeeping, cooking, gardening and assistance with shopping. MTUS p51 on Home Health Services recommends this service for patients who are home-bound, on a part-time or "intermittent" basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry. Given that medical treatment services do not include what is asked by the treater, recommendation is for denial.