

Case Number:	CM13-0059531		
Date Assigned:	12/30/2013	Date of Injury:	02/01/2008
Decision Date:	05/15/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 62-year-old female who reported an injury on 02/01/2009 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her right upper extremity, resulting in surgical interventions to include carpal tunnel release, right elbow ulnar transposition, and right ring finger trigger release. The injured worker was evaluated on 10/11/2013. It was documented that the injured worker had previously had home care assistance status post surgical intervention. Physical examination findings included tenderness to palpation over the extensor and flexor muscle groups of the right arm with tenderness to palpation over the A1 pulley of the thumb, ring, and little fingers with a positive Tinel's test, Phalen's test, and Finkelstein's test to the right arm. The injured worker's diagnoses included status post right thumb trigger finger release, status post right ring finger release, right 5th digit extensor tenosynovitis, bilateral elbow medial epicondylitis, bilateral forearm/wrist extensor and flexor tendinitis with De Quervain's syndrome, bilateral shoulder periscapular strain, stress, anxiety, and depression related to chronic pain, and sleep difficulties related to chronic pain. The injured worker's treatment plan included continuation of home health therapy to assist the injured worker in home management and prevent further deterioration of the injured worker's condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE, 8 HOURS PER DAY, 1 DAY PER WEEK: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend home health care services for patients who are home-bound on a part time or intermittent basis. The clinical documentation submitted for review does not provide any evidence that the injured worker is home-bound on a part time or intermittent basis. Additionally, the clinical documentation does indicate that the injured worker is assisted by a family member. There is no documentation to support the need for professional services for the injured worker. Additionally, the request as it is submitted does not provide duration of treatment. As open ended treatment is not supported by guideline recommendations, the request cannot be supported. The request for Home health care, 8 hours per day, 1 day per week is not medically necessary and appropriate.