

Case Number:	CM13-0066596		
Date Assigned:	01/03/2014	Date of Injury:	02/13/2010
Decision Date:	04/21/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/16/2013

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 & Rehabilitation 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:

The patient is a 41-year-old female who reported an injury on 02/13/2011. The mechanism of injury involved repetitive work activity. The patient is diagnosed with bilateral forearm/wrist tendinitis, right carpal tunnel syndrome, status post left carpal tunnel release, and cervical sprain and strain. The patient was seen by [REDACTED] on 10/03/2013. The patient reported persistent pain in bilateral wrists. Physical examination revealed tenderness to palpation, positive Tinel's and Phalen's testing, decreased range of motion, and decreased sensation on the right. Treatment recommendations included authorization for a rheumatology consultation for co-existing, underlying rheumatic condition, as well as continuation of home care.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH/HOMECARE, FOUR (4) HOURS A DAY FOR THREE (3) DAYS A WEEK FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines state home health services are recommended only for otherwise recommended medical treatment for patients who are home-bound on a part time or intermittent basis, generally up to no more than 35 hours per week. As per the documentation submitted, there is no indication that this patient is home-bound. Additionally, California MTUS Guidelines state medical treatment does not include homemaker services and personal care. Therefore, the patient does not currently meet criteria for the requested service. As such, the request is non-certified.

RHEUMATOLOGY CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the physician requested a rheumatology consultation to evaluate for co-existing conditions, such as fibromyalgia. However, there is no objective evidence of fibromyalgia to corroborate a diagnosis. Additionally, fibromyalgia is unrelated to the patient's initial work injury with a primary diagnosis of carpal tunnel syndrome. Therefore, the request is non-certified.