

Case Number:	CM13-0072157		
Date Assigned:	01/08/2014	Date of Injury:	03/17/2009
Decision Date:	04/22/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	12/30/2013

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 Family Practice 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 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 patient is a 39-year-old male who reported an injury on 03/17/2009. The mechanism of injury was not specifically stated. The patient is currently diagnosed with bilateral carpal tunnel syndrome and status post left carpal tunnel decompression. The patient was seen by [REDACTED] on 12/02/2013. The patient was one-half week status post left carpal tunnel decompression. It was noted that the patient reported progress with range of motion and strength. The patient reported persistent right carpal tunnel symptoms. Physical examination revealed mild sensitivity to the left palm incision, full finger range of motion, decreased grip strength, and positive Tinel's and Phalen's on the right. Treatment recommendations included surgical intervention to the right wrist with home healthcare.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE FOUR HOURS PER DAY, THREE DAYS A WEEK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS) 2009

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 homebound, 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 will be home bound following surgical intervention. It is also unknown whether this patient has been authorized to undergo any surgical procedure with regard to the right wrist. Additionally, California MTUS Guidelines state medical treatment does not include homemaker services. Based on the clinical information received, the request is non-certified.