

Case Number:	CM14-0000481		
Date Assigned:	01/10/2014	Date of Injury:	10/15/2007
Decision Date:	09/25/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/02/2014

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 48-year-old female who reported an injury while changing garbage can bags on 10/15/2007. The clinical note dated 07/08/2014 is handwritten and hard to decipher. The clinical note indicated diagnoses of bilateral RSI of the upper extremity. The injured worker reported she was doing reasonably well, no problems with her right hand other than some weakness; however, she did have some left hand numbness and negative Tinel's. The injured worker's treatment plan included return to full duty. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen was not provided for review. The provider submitted a request for in-home health services times 2 weeks. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

IN HOME HEALTH SERVICES X 2 WKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The request for IN HOME HEALTH SERVICES X 2 WKS is not medically necessary. The CA MTUS guidelines recommend home health services 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. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. There was lack of evidence of the injured worker being homebound or attending any type of rehabilitation programs such as physical therapy. In addition, the provider did not indicate a rationale for the request and there is no justification for the request. Also, homemaker services like shopping, dressing and bathing are not included in the medical treatment. Furthermore, the provider did not specify hours in the request. Therefore, the request for home healthcare visits is not medically necessary.