

Case Number:	CM14-0000763		
Date Assigned:	01/17/2014	Date of Injury:	07/20/2010
Decision Date:	06/30/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational Medicine, 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:

This is a 49-year-old female patient with a 7/20/10 date of injury. A 10/3/13 progress report indicates bilateral wrist, left shoulder, left elbow and left thumb pain. Physical exam was noted unchanged. An 11/5/13 progress report indicates persistent wrist, left shoulder, left elbow, and left thumb pain. A 10/24/13 progress report indicates left shoulder, left thumb, left wrist and left elbow symptoms, persisting despite conservative care. Physical exam demonstrates limited left shoulder range of motion, positive speed's test, left elbow tenderness, limited left elbow range of motion, limited left wrist range of motion and positive ulnocarpal abutment test. A 12/9/13 comprehensive initial consultation report indicates continuous trauma injury to her hand. The patient was considered for left carpal tunnel release; but had already undergone previous left carpal tunnel release and left shoulder arthroscopy. Treatment to date has included medication and activity modification. Physical exam demonstrates non-specific findings. The patient subsequently underwent left carpal tunnel release on 12/14/13. There is documentation of a previous 12/23/13 adverse determination for lack of medical information that would support the medical need for R.N. home health evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RN HOME HEALTH EVALUATION: 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 HOME HEALTH SERVICES Page(s): 51.

Decision rationale: The California MTUS indicates that 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. However, there is no evidence that the employee is homebound or would require medical care rendered in a home setting. 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. Absent indications for medical care to be rendered at home, there is no indication for a home health evaluation. Lastly, there is no indication that the employee would be homebound to the point of being unable to be receiving care in the outpatient setting. Therefore, the request for RN Home health evaluation is not medically necessary.