

Case Number:	CM14-0001069		
Date Assigned:	01/22/2014	Date of Injury:	04/07/2010
Decision Date:	04/17/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/03/2014

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 Preventive 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 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:

According to the records made available for review, this is a 65-year-old male with a 4/7/10 date of injury, resulting in left Ligament Reconstruction and Tendon Interposition on 5/24/12. On 4/2/13, at the time of request for authorization for home health aide 4hrs/day, 3 days/week for 12 weeks with RN reevaluation at the end of 12 weeks, there is documentation of subjective (pain in his left thumb, difficulty pinching and gripping, and difficulty with household tasks); objective findings consisted of (tenderness at the thumb CMC joint, laxity, weak pinch, and pain when the patient tries to pinch hard). Current diagnoses are (status post left Ligament Reconstruction and Tendon Interposition 5/24/12 with residual pain). Treatment to date has consisted of (activity modification and medications). Medical report identifies that the patient lives alone, has difficulty with home tasks such as housework and cooking and cleaning, doing laundry, etc and requires help due to his poor function with his hand and wrist. There is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE 4 HRS/DAY, 3 DAYS/WEEK FOR 12 WEEKS WITH RN REEVALUATION AT THE END OF 12 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of a diagnosis of status post left Ligament Reconstruction and Tendon Interposition 5/24/12 with residual pain. However, despite documentation of a rationale that the patient lives alone, has difficulty with home tasks such as housework and cooking and cleaning, doing laundry, etc and requires help due to his poor function with his hand and wrist, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis. Therefore, based on guidelines and a review of the evidence, the request for home health aide 4hrs/day, 3 days/week for 12 weeks with RN reevaluation at the end of 12 weeks is not medically necessary.