

Case Number:	CM14-0002782		
Date Assigned:	06/11/2014	Date of Injury:	08/04/2011
Decision Date:	11/19/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/09/2014

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 Orthopedic Surgery 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:

Summary: This is a 57 year old woman with a date of injury of 08/04/2011 characterized as right wrist pain and diagnosed previously with right ulnar nerve impingement along with a cartilage tear, tenosynovitis and neuritis. Her most recent medical evaluation on 01/08/2014 described the forearm as well aligned with healed incisions. It stated that she had her forearm rewrapped into a splint to allow for pronation and supination of the forearm and that she had been asked to perform pronation and supination exercises at home to improve flexibility and range of motion. The provider further states that in another four weeks from that examination, the patient would be prepared to begin gripping and finger strength activities. In addition, the patient only mentions having wrist pain in the subjective portion of that evaluation. Treatment to date: wrist surgery, medication therapy, and physical therapy. UR Decision dated 12/30/2013 denied the request for 24 home health care visits on the basis that the guidelines state that these services are provided to patients who require medical care, are home bound on a part time or intermittent basis and require assistance with activities of daily living. They further state that this patient's clinical condition did not require the intensity of home health care services and also note that there is no evidence of ongoing self-care impairment now that she has undergone surgical repair of her wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH ASSISTANT X24 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: CA MTUS states 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 and does not include homemaker services. In other words, home health services are reserved for patients who need assistance with performing activities of daily living due to a medical condition for which they are being treated. Although it was recommended that the patient be relieved from work duties while she recovered from wrist surgery, there was nothing in her medical reports to suggest that she would be homebound or would require medical care rendered at home. Therefore, the request for 24 home health care visits is not medically necessary.