

Case Number:	CM14-0101103		
Date Assigned:	07/30/2014	Date of Injury:	07/28/2003
Decision Date:	10/28/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/01/2014

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 Medicinal and Rehabilitation 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 injured worker is a 31-year-old female who reported injury on 07/28/2003. The mechanism of injury was repetitive injury. The injured worker was treated with chiropractic treatment, an H wave, postoperative therapy and medications. The injured worker had a transverse carpal ligament release in 06/2008, with a revision of the carpal tunnel release in 02/2012. The documentation of 04/29/2014 revealed the injured worker continued to benefit from her medications. The injured worker's medications included ibuprofen 800 mg 1 by mouth 3 times a day and Norco 10/325 mg 1 four times a day. The physical examination revealed neck range of motion was decreased. The left upper extremity had a loss of sensation over the posterior triceps in the center of the posterior upper arm. The left wrist and hand were tender to palpation at the site of the scar revision. The diagnoses included brachial plexus lesions, disturbance of skin sensation, carpal tunnel syndrome, and lesion of the ulnar nerve. The treatment plan included a refill of medications and in home care to assist with repetitive actions such as deep cleaning and maintenance and prepare meals. There was no rationale for the requested medication. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care for 2 hours per day, 5 days a week, 10 hours per week: 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 Home Health Services Page(s): 51.

Decision rationale: The California MTUS Guidelines recommend home health services for injured workers who are home bound and in need of part time medical treatment of up to 35 hours per week. Medical treatment does not include homemaker services or home health aide services. The clinical documentation submitted for review indicated request was made for homemaker services and home health aide services. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, the request as submitted failed to indicate a duration of care. Given the above, the request for Home Health Care for 2 Hours per day, 5 days a week, 10 hours per week is not medically necessary.