

Case Number:	CM14-0015844		
Date Assigned:	03/03/2014	Date of Injury:	06/05/2011
Decision Date:	07/07/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/07/2014

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 Mississippi. 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 claimant is a 50-year-old female who was injured on June 5, 2011. Current diagnoses include bilateral moderate carpal tunnel syndrome, bilateral de Quervain's tenosynovitis, and bilateral first CMC joints arthritis. On January 9, 2014, the claimant presented with worsening bilateral hand symptoms. The examination documents a positive Tinel's and Phalen's test bilaterally, tenderness to palpation of the first dorsal compartment bilaterally, and tenderness over the first CMC joints to palpation bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTHCARE 5 HOURS WEEK TO HELP WITH HOUSE CHORES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

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

Decision rationale: The MTUS specifically indicates that home health services are only recommended for medical treatment for individuals who are homebound. Medical treatment does not include homemaker services like shopping, cleaning, laundry and personal care. As such, the request is considered not medically necessary.

