

Case Number:	CM14-0017235		
Date Assigned:	04/14/2014	Date of Injury:	02/10/2004
Decision Date:	06/30/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/11/2014

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:

The patient is a 46 year old female who was injured on 02/10/2004. Mechanism of injury is unknown. Diagnostic studies reviewed include EMG/NCV dated 08/19/2013 revealing: 1) Bilateral median neuropathy localized at the wrists consistent with bilateral carpal tunnel syndrome. Right carpal tunnel syndrome shows interval improvement from the previous study which was previously rated as moderate in severity. 2) Evidence of bilateral chronic C6-7 polyradiculopathy with no significant change in comparison to the previous study. Progress note dated 06/21/2013 documented the patient complaining of worsening numbness and pains to both her hands and forearms. She states that she is dropping objects. She has difficulties with activities of daily living. Objective findings on exam reveal decreased sensation in bilateral median and ulnar nerve distribution. There is positive Tinel's sign in the bilateral elbows. There is positive Tinel's sign in bilateral wrists. Elbow flexion is positive bilaterally. Grip strength is diminished. Progress note dated 01/03/2014 documented the patient's surgery was approved and is pending scheduling. She continues to have pain in her right elbow that radiates to her right little ring fingers. Objective findings on exam reveal tenderness over the medial epicondylar region. There is positive Tinel's sign over the cubital tunnel. Elbow flexion test is positive. There is decreased sensation in the medial nerve distribution. Diagnosis: Right cubital tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH NURSE 4 HOURS/DAY FOR 3 WEEKS FOR THE RIGHT WRIST:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Pain and wrist, hand and forearm Chapters:

Decision rationale: According to the California MTUS guidelines, home health services are recommended only for otherwise recommended medical treatment for patients who are home-bound. 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. The available medical records do not address the need for medical assistance. Therefore, the requested Home Health Nurse 4 hours/day for 3 weeks for the right wrist is not medically necessary according to the guidelines.