

Case Number:	CM14-0123884		
Date Assigned:	08/08/2014	Date of Injury:	07/11/2008
Decision Date:	09/15/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/05/2014

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 Medicine 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 52-year-old female who reported an injury on 07/11/2008 reportedly while inspecting meats when she had nerve and tendon damage. The injured worker's treatment history included right stellate ganglion block, medications, and physical therapy. The injured worker was evaluated on 07/16/2014 and it was documented that the injured worker complained of pain in the upper extremities. The injured worker had bilateral shoulder and body aches. The injured worker was experiencing occasional chills but does not feel like the flu or infection. The injured worker has pain rated 9/10. On the physical examination, it was noted right hand hypersensitivity with guarding. There was tenderness to the left shoulder parascapular region and trapezius. Flexion was 95 degrees and abduction was to 90 degrees. The injured worker was to continue to follow-up and OxyContin were discontinued once the Butrans patches become available. Diagnoses include left shoulder internal derangement, status post traumatic lacerations of nerves and tendons of index, middle, and ring fingers of the right hand, complex regional pain syndrome of the right upper extremity, and anxiety and depression. Medications included Prilosec. The request for authorization dated 07/16/2014 was for home healthcare 24 hours per day for the first 3 weeks post-op, 8 hours. However, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care 24 hrs per day for the first 3 weeks post op; 8 hrs: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines (MTUS) only recommends Home Health Services for medical treatment for patients who are Home bound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. 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 documents provided on 07/16/2014 lacked documentation of the injured worker being homebound, on a part time or "intermittent" basis. In addition, there was no indication the injured worker was post-op from surgery. The request for home health care 24 hrs per day for the first 3 weeks post-op: 8hrs is not medically necessary.