

Case Number:	CM14-0020267		
Date Assigned:	04/25/2014	Date of Injury:	05/01/2007
Decision Date:	07/07/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/18/2014

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 Texas. 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 58 year old female whose date of injury is 05/01/2007 related to repetitive job duties. Note dated 12/06/13 indicates that the injured worker continues to be severely symptomatic with limitation using upper extremities. The injured worker has difficulty with daily activity and doing house chores. The injured wishes to have a home health evaluation. Office visit note dated 04/25/14 indicates that the injured worker has been suffering from a recurrent painful condition predominantly affecting her right shoulder and bilateral wrists. Current medications are Ultracet, Anaprox, Neurontin, Prilosec, and Paxil. Diagnostic impression is cervical disc derangement at C5-6 and C6-7; right shoulder internal derangement; bilateral carpal tunnel release surgery (left in 2007 and right in 2008) with severe recurrent right wrist pain; and chronic reactive clinical depression. The injured worker is receiving treatment for her diabetes prior to consideration of possible future surgeries.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH NURSE CONSULTATION FOR CERVICAL SPINE, RIGHT SHOULDER AND BILATERAL WRISTS: 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: Based on the clinical information provided, the request for home health nurse consultation is not recommended as medically necessary. California Medical Treatment Utilization Schedule (CA MTUS) guidelines support home health services for patients who are homebound on a part-time or intermittent basis. CA MTUS guidelines report 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. 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 submitted records fail to establish that the injured worker is homebound on a part-time or intermittent basis. Additionally, there is no indication that any medical treatment has been recommended. The request is not medically necessary and appropriate.