

Case Number:	CM14-0024323		
Date Assigned:	06/11/2014	Date of Injury:	03/10/2003
Decision Date:	07/15/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/26/2014

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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 61 year-old with a date of injury of 03/10/03. A progress report associated with the request for services, dated 01/29/14, identified subjective complaints of right wrist pain. Objective findings included decreased grip strength. Her functional status was not specified. Diagnoses included wrist pain due to failed fusion. Treatment has included right wrist fusion with subsequent removal of screws in August of 2013. A request was made for home care and cleaning. A Utilization Review determination was rendered on 02/06/14 recommending non-certification of "home care assistance 2hrs per day".

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CARE ASSISTANCE 2HRS PER DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Forearm, Wrist, & Hand, Home Health Services.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) only recommends home health services for those patients that are homebound. The Official Disability Guidelines

(ODG) indicate that home health services are only recommended for patients who are homebound on a part-time or intermittent basis. Also, only for otherwise recommended treatment and does not include cooking or cleaning services or personal care given by home health aides like bathing or dressing. The record does not document the injured worker's functional status. Therefore, in this case, there is no documented medical necessity for home health services.