

Case Number:	CM14-0030346		
Date Assigned:	06/20/2014	Date of Injury:	04/07/1995
Decision Date:	07/23/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 71 year old female whose date of injury is 04/07/1995. On this date she was involved in a motor vehicle accident. Diagnoses include crush injury to bilateral wrists and hands. The treatment to date includes surgical intervention. Note dated 12/26/13 indicates she still has chronic pain and discomfort in the joints. She has pain at night and with any repetitive impact or use of the hands. She still has difficulty with doing laundry, food preparation, chopping, cleaning her house, and cleaning her yard. She needs to have help to assist her in these activities at least 2 or 3 times a week. Diagnoses are status post crush injury of both wrists with history of 7 surgeries on the left and 6 surgeries on the right, reactive depression, left hip pain, status post right knee surgery on a nonindustrial basis in June 2004, nonindustrial hypothyroidism and hypertension. Note dated 01/15/14 states that she takes care of herself and her home.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 home health aide visits 2-3 times a week for 30 days due to bilateral wrist and hand pain: 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 rationale: Based on the clinical information provided, the request for 12 home health aide visits 2-3 times a week for 30 days is not recommended as medically necessary. California MTUS Guidelines support home health services for injured workers who are homebound on a part time or intermittent basis. The submitted records fail to establish that this injured worker is homebound on a part time or intermittent basis. Additionally, California MTUS Guidelines note that 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.