

Case Number:	CM14-0037916		
Date Assigned:	06/25/2014	Date of Injury:	01/15/2011
Decision Date:	11/07/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/31/2014

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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 43 year old female with a date of injury on 1/15/2011. The patient is status post left carpal tunnel release on 8/28/12 and right tunnel release on 2/26/13. Subjective complaints are of pain in the bilateral upper extremities, upper back, and low back. Physical exam shows decreased shoulder and elbow range of motion, and decreased grip strength. There was tenderness over the shoulder, elbow, and wrist. Tinel's and Phalen's test were negative. Request was for home assistance with household chores, self-care, and personal hygiene.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CARE ASSISTANCE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES, Page(s): PAGE 51.

Decision rationale: CA MTUS recommends home health services only for 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. For this patient, submitted

documentation indicates that home assistance is needed only for the homemaker services of cleaning and personal care. Therefore, the request for home assistance is not consistent with guideline recommendations, and the medical necessity is not established. Therefore, the request is not medically necessary.