

<b>Case Number:</b>	CM14-0061902		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/01/2004
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/03/2014

### 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 63 year old female who reported injuries to her neck, low back, and bilateral upper extremities on 01/01/04. The clinical note dated 03/10/14 indicates the injured worker complaining of bilateral wrist pain with associated numbness and weakness. The injured worker stated the right wrist is worse than the left. The note indicates the injured worker being status post bilateral carpal tunnel release surgeries followed by revision of both carpal tunnel releases. The note also indicates the injured worker's past medical history is significant for a right shoulder arthroscopy. The injured worker was identified as having positive Phalen's signs at both wrists. Well-healed incisions were identified at the right shoulder. Spasms, tenderness, and guarding were identified at the paravertebral musculature of the cervical and lumbar spine. Decreased sensation was identified in the C6 and L5 dermatomes bilaterally. The note indicates the injured worker ambulating with an antalgic gait. The note indicates the injured worker having difficulty completing her activities of daily living secondary to the neck, back, shoulder, and bilateral hand pain. The injured worker also complained of cramping and spasms in both lower extremities. The note indicates the injured worker requiring constant assistance from her husband. The clinical note dated 03/24/14 indicates the injured worker continuing with difficulties completing her activities of daily living. The note indicates the injured worker having been scheduled for a trigger finger release at the right thumb and ring finger. The letter of appeal signed by the injured worker dated 03/10/14 indicates the injured worker lives at home with her husband. The note indicates the injured worker having previously undergone 10 surgical interventions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH CARE 3X WEEK FOR 4 HRS PER DAY FOR CUSTODIAL CARE:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES- HOME HEALTH SERVICES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** The injured worker has been recommended for a surgical intervention at the right thumb and ring finger. Home health services are recommended for injured workers in need of medical care within the home setting and the injured worker has been identified as having significant functional deficits. No information was submitted confirming the injured worker's inability to provide sufficient medical care for herself. No information was submitted regarding the expected termination of the services. Also, the injured worker's husband is living within the home. Given these factors, Home Health Care 3x weeks for 4 hrs per day for Custodial Care is not medically necessary.