

Case Number:	CM14-0093504		
Date Assigned:	08/01/2014	Date of Injury:	04/28/2008
Decision Date:	10/08/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/19/2014

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 Mississippi. 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 records presented for review indicate that this 43 year old female was reportedly injured on April 28, 2008. The most recent progress note, dated March 12, 2014, indicates that there are ongoing complaints of right wrist and left shoulder pain. The physical examination demonstrated tenderness to palpation of the anterior aspect the left shoulder, changes consistent with impingement sign, and range of motion was intact. Diagnostic imaging studies objectified ordinary disease of life degenerative osteoarthritis of the carpal bones of the wrist. There is no evidence of fracture other acute osseous abnormalities. Previous treatment includes medications, conservative care and surgical intervention. A request was made for home assistance and was not certified in the preauthorization process on May 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative in home assistance, 8 hours a day, 7 days a week until she has recuperated from surgery: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: Home health services are recommended for medical treatment in patients who are homebound. This is an individual who had a wrist surgery. There are no lower extremity complaints, or issue suggesting that this lady is homebound. Medical treatment does not include homemaker services like shopping, cleaning and laundry. Therefore, based on the injury sustained and the treatment rendered there is no clinical indication for home health services. Therefore, the request of post-operative in home assistance, 8 hours a day, 7 days a week until she has recuperated from surgery is not medically necessary and appropriate.