

Case Number:	CM14-0188578		
Date Assigned:	11/20/2014	Date of Injury:	05/01/2012
Decision Date:	02/03/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/13/2014

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 Physical Medicine Rehab, has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

This is a male patient with a date of injury of May 1, 2012. A utilization review determination dated October 16, 2014 recommends non-certification of home health services 12 hours per day 5 days a week for 3 weeks. A progress note dated September 22, 2014 identifies subjective complaints of the patient presenting for a pre-operative evaluation for a right carpal tunnel release. Physical examination of bilateral hand and wrists reveal positive bilateral Phalen's test, positive bilateral Durkan's median compression test, and there is diminished sensation to light touch in the small finger. The diagnoses include bilateral carpal tunnel syndrome, left cubital tunnel syndrome, and history of bilateral deQuervain's tenosynovitis. The treatment plan recommends that the patient proceed with right carpal tunnel release surgery, the patient was given a prescription for hydrocodone 5-500 mg and was instructed to take one tablet every six hours PRN post operatively, the patient was advised to discontinue Motrin and anti-inflammatory medications 7 days prior to surgery, and a request for authorization for transportation for surgery, postoperatively, medical appointments, and therapy. The treatment plan also requests authorization for home care provisions during the postoperative recovery, 5 days a week 12 hours a day for 3 weeks with an in-home assessment from a healthcare professionals such as a nurse. An operative report dated November 3, 2014 identifies that the patient underwent a right carpal tunnel release. A progress note dated November 11, 2014 identifies subjective complaints of decreased numbness and tingling in the right hand since undergoing the right carpal tunnel release surgery on November 3, 2014. The patient reports to be able to use his right hand better for normal activities of daily living. The patient continues to experience numbness and tingling in his left wrist and hand. The physical examination reveals a 1.5 cm scar on the volar aspect of the right wrist with tenderness on palpation and limited range of motion. The treatment plan recommends that the patient follow-up with his surgeon, continue

using his braces, continue with home exercise program, proceed with left wrist surgery once recovered from right wrist surgery, prescription refills were provided, and authorization is requested for postoperative physical therapy for the right wrist two times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health services, 12 hrs per day, 5 days a week for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51 of 127.

Decision rationale: Regarding the request for home health services 12 hours per day 5 days a week for 3 weeks, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy). Additionally, a recent progress note revealed that the patient had improvement of right hand use since his surgery. In the absence of such documentation, the currently requested home health services 12 hours per day 5 days a week for 3 weeks is not medically necessary.