

<b>Case Number:</b>	CM14-0190121		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	10/01/2014
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 42-year-old male who reported an injury on 10/01/2014. The mechanism of injury was catching his fingers in a manhole which resulted in amputation of his 3rd and 4th fingers on his left hand. His diagnosis was noted as amputation of the left ring and long finger distal tufts, zone 3 at the level of the cuticle. His past treatments were noted to include medication, surgery, psychological evaluations, and a home health aide. Diagnostic studies were not included. His surgical history was noted as the completion of amputation of the left long and ring fingers with Cutler local skin flaps advancement, with coverage of the distal tuft, performed on 10/01/2014. During the assessment on 10/08/2014, the injured worker complained of constant low back pain and pain in his left hand and fingers. He describes the low back pain as throbbing that is moderate to severe in severity with radiation to the hips. He rated the pain a 7/10 and stated the pain is aggravated by standing, walking, sitting, bending, and twisting. The injured worker reported numbness with his left hand pain. He stated that the pain in his left hand is also associated with swelling and describes the nature of the pain as throbbing. He rated the pain in his left hand a 10/10 and stated the pain was aggravated by walking and activity. The physical examination of the left hand revealed decreased range of motion, sensation, and motor strength. His current medications were noted to include Clindamycin, Ciprofloxacin, Flexeril 10 mg at bedtime as needed and Norco 10/325 mg 1 tablet 4 times a day. The treatment plan was to request 12 psychological evaluation visits, request a home help aide 6 hours a day for 3 months, an orthopedic consult with a hand doctor, and continue with Clindamycin, Ciprofloxacin, Flexeril 10 mg, and Norco 10/325 mg. The rationale for home health aide for 6 hours a day for 3 months due to post amputation to 3rd and 4th digits of left hand was not provided. The Request for Authorization form was dated 10/08/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health aide for 6 hours a day for 3 months due to post amputation to 3rd and 4th digits of left hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The request for home health aide for 6 hours a day for 3 months due to post amputation to 3rd and 4th digits of left hand is not medically necessary. The California MTUS Guidelines recommend home health services only for the otherwise recommended 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 like bathing, dressing, and using the bathroom, when this is the only care needed. The rationale for the request was not provided. The clinical documentation provided did not indicate that the injured worker was considered homebound, on a part time or intermittent basis. The clinical documentation did not indicate that the injured worker was in need of any personal care required by a home health aide. Given the above, the request is not medically necessary.