

<b>Case Number:</b>	CM14-0200449		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	08/22/2014
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Rehabilitation 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:

According to the records made available for review, this is a 24-year-old male with an 8/22/14 date of injury, and open reduction/internal fixation of the left hand on 8/22/14. At the time (10/20/14) of request for authorization for Continue in-home RN evaluation and continue home care assistance 2 hours/day, 7 days/week, 6 weeks, there is documentation of subjective (left hand/wrist and left ankle/foot pain) and objective (swelling of all fingers of the left hand and heavy dressing with external fixation device on the left foot/ankle) findings, current diagnoses (status post open reduction/internal fixation of the left hand trapezium dislocation, closed left distal tibia-fibula fracture, and history and complaints of stress and depression), and treatment to date (occupational therapy and medications). There is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue in-home RN evaluation and continue home care assistance 2 hours/day, 7 days/week, 6 weeks:** 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:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of diagnoses of status post open reduction/internal fixation of the left hand trapezium dislocation, closed left distal tibia-fibula fracture, and history and complaints of stress and depression. However, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis. Therefore, based on guidelines and a review of the evidence, the request for Continue in-home RN evaluation and continue home care assistance 2 hours/day, 7 days/week, 6 weeks is not medically necessary.