

<b>Case Number:</b>	CM14-0206363		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	11/01/2013
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Interventional Spine 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:

The patient is a 60 year old female with an injury date of 11/01/13. The patient is status post right index finger PIP joint collateral ligament reconstruction and PIP joint arthroplasty, as per operative report dated 11/21/14. The patient was discharged on 11/23/14 and was "feeling better." As per progress report dated 10/30/14 (prior to surgery date), the patient complained of finger pain. Apart from the throbbing and aching pain, the patient also suffered from arthralgia and stiffness. The patient has a history of osteoarthritis and the pain was aggravated with flexion and certain other movements. Range of motion was limited with flexion at 15 degrees. Physical examination, as per progress report dated 10/02/14, revealed a swollen index finger and painful PIP joint particularly on the ulnar side. There is ulnar deviation at the level of the PIP joint. The patient has also been diagnosed with Type II diabetes, as per progress report dated 09/08/14. The patient is using Norco for pain, as per post-operative report dated 11/23/14. Medications, as per progress report dated 10/30/14, include Celebrix, Flexeril, Lisinopril, Vesicare, and Glipizide. The patient received Toradol injection, as per the same report. The patient has tried physical therapy without significant benefits, as per progress report dated 10/02/14. She also underwent six sessions of acupuncture without any major benefits, as per acupuncture report dated 09/18/14. The patient has been allowed to work with restrictions, as per progress report dated 10/30/14. X-ray of the Right Index Finger (date not provided), as per progress report dated 09/25/14: Severe degenerative osteoarthritis of the PIP joint with some ulnar sided bone loss of the proximal phalanx. MRI of the Right Hand, 08/06/14:- Moderately severe degenerative osteoarthritis of the proximal interphalangeal joint with some marginal osteophytes in the head of the proximal phalanx of the index finger- Subcortical cystic changes likely represent degenerative intraosseous ganglion cyst formation- Collateral ligaments are attenuated proximally both in the radial and lateral aspects of the proximal interphalangeal joint. Diagnosis,

10/02/14: Arthritic right index finger PIP joint with deficient collateral ligaments. The provider is requesting for VISITING NURSE ASSOCIATION SERVICES WITH RN QTY # 1. The utilization review determination being challenged is dated 12/01/14. Treatment reports were provided from 06/16/14 - 12/18/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Visiting Nurse Association services with RN x 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient is status post right index finger PIP joint collateral ligament reconstruction and PIP joint arthroplasty, as per operative report dated 11/21/14. The request is for visiting nurse association services with RN x 1. Prior to the surgery, the patient suffered from pain in the right index finger, as per progress report dated 10/30/14. MTUS page 51 has the following regarding home services, "recommended only for otherwise recommended medical treatment for patients who are home bound on a part time or intermittent basis generally up to no more than 35 hours per week. Medical treatments do 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." In this case, the patient is status post right index finger PIP joint collateral ligament reconstruction and PIP joint arthroplasty on 11/21/14. In post-operative report dated 11/22/14, the provider requests for a "nursing supervisor look at possible convalescent care for the patient given her social issues." The provider does not provide any other details. MTUS allows home health services only to patients who are home bound. Although this patient suffers from severe right index finger pain, she appears to be in good health otherwise. Additionally, the request is without a time-frame and an open-ended request cannot be considered. The request is not medically necessary.