

<b>Case Number:</b>	CM14-0208690		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	01/05/2013
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 55 year old female with date of injury 1/5/13. The mechanism of injury is stated as lifting heavy luggage. The patient has complained of bilateral wrist pain since the date of injury. She has been treated with right carpal tunnel release in 12/2014, physical therapy and medications. There are no radiographic reports included for review. Objective: left wrist: positive Tinel's sign and Phalen's maneuver. Diagnosis: carpal tunnel syndrome. Treatment plan and request: 24 hour home healthcare for first post-operative day for planned left carpal tunnel release, Oxycodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twenty-Four hour home healthcare for the first post-operative day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

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

**Decision rationale:** The current request is for 24 hour home healthcare for first post-operative day for planned left carpal tunnel release. Per the MTUS guidelines cited above, home health services are recommended only for 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 (shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom) as this patient is currently requesting. On the basis of the available medical records and above cited MTUS guidelines, home health services are not indicated as medically necessary.

**Oxycodone 10mg #80:** 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 Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** The current request is for oxycodone. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioids contract and documentation of failure of prior non-opioids therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, oxycodone is not indicated as medically necessary.