

Case Number:	CM14-0211735		
Date Assigned:	12/24/2014	Date of Injury:	09/26/2013
Decision Date:	02/17/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/17/2014

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 52 year old female with date of injury 9/26/13. The mechanism of injury is stated as repetitive use. The patient has complained of left wrist pain since the date of injury. She has been treated with physical therapy and medications and is scheduled to undergo left wrist arthroscopy with ganglion cyst removal. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the left wrist; tenderness to palpation of the left wrist. Diagnoses: left wrist sprain, ganglion of joint. Treatment plan and request: home health aide 2-3 weeks post operatively for home assist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide 2-3 weeks post operatively for home assist: 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.

Decision rationale: This 52 year old female has complained of left wrist pain since date of injury 9/26/13. She has been treated with physical therapy and medications and is scheduled to undergo left wrist arthroscopy with ganglion cyst removal. The current request is for home

health aide 2-3 weeks postoperatively for home assist. 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.