

Case Number:	CM14-0043229		
Date Assigned:	07/02/2014	Date of Injury:	09/12/2000
Decision Date:	01/07/2015	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/10/2014

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 Illinois. 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 64-year-old female with a reported injury dated on 09/12/2000. The mechanism of injury was cumulative trauma. The surgical history included surgical intervention on her left thumb, wrist and hand, and IDET procedure. The diagnostic studies included an MRI. Her diagnoses were noted to include lumbar spine sprain/strain, status post trigger finger release of the left thumb, status post De Quervain's release and status post carpal tunnel release. The medications included Norco and Morphine. The most recent documentation that was presented for review was dated 12/16/2013 and it revealed that the injured worker had been receiving home health care 5 days a week, five hours per day for 12 weeks at a time. The injured worker presented with slight to intermittent moderate and occasionally severe pain radiating down her left lower extremity to her foot. The injured worker had complaints of numbness and tingling of the feet. The injured worker had difficulty lifting her left leg and utilized a wheelchair for ambulation at home due to knees giving way. The injured worker had complaints of intermittent moderate and occasionally severe bilateral hand pain radiation to all fingers. The injured worker noted that she had limited range of motion of the bilateral hands and pain intensity that increased with gripping. The injured worker had associated numbness and tingling of the bilateral hands. On physical examination, there was limited and painful lumbar range of motion. The submitted documentation indicated that the request for home health care to continue was based on subjective and objective complaints and findings. The supplied documentation indicated the injured worker had received home health care since at least late 2012. There was a Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home RN evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter & Other Medical Guidelines @ <http://www.medicare.gov/Publications/Pubs/pdf/10969.pdf>.

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

Decision rationale: The request for home RN evaluation is not medically necessary. The California MTUS Guidelines state that home health services may only be recommended for 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. Guidelines state that medical treatment does not include homemaker services like shopping, cleaning and laundry and personal care given like bathing, dressing and using the bathroom when this is the only care needed. The clinical documentation indicated that the injured worker had utilized the services since at least 2012. There was a lack of documentation indicating the injured worker was home bound, as it was indicated that the injured worker would be going to appointments. There was a lack of documentation to support the necessity for an RN evaluation. Given the above, the request for a home RN evaluation is not medically necessary.