

Case Number:	CM15-0005961		
Date Assigned:	01/26/2015	Date of Injury:	06/18/2013
Decision Date:	03/23/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery

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 40 year old, right handed female, who sustained a work related injury on 6/18/13. The diagnoses have included bilateral elbow strain/sprain, Epicondylitis, right and left Cubital Tunnel Syndrome, psoriatic arthritis and bilateral elbow pain. The treatments to date has included electrodiagnostic studies, x-rays, lab work, surgery to left elbow, MRI's, left elbow arthrogram, acupuncture, physical therapy, oral pain medications and elbow injections. The injured worker complains of chronic bilateral elbow pain. She states pain is 8/10 by the end of a day. She has tenderness to palpation of bilateral elbows and decreased range of motion in both elbow. Exam note 6/10/14 demonstrates left elbow extensor origin debridement and repair on 11/25/13 with physical therapy following procedure. Examination of the left elbow demonstrates healing incision on the lateral aspect of the elbow with weakness and range of motion 0-140 degrees. On 12/11/14, Utilization Review non-certified a request for a Care Taker for post-op Assistance. The California MTUS Guidelines were cited. On 12/11/14, Utilization Review non-certified a request for Home Health Assistance 4hrs/day, 3 x 6. The California MTUS Guidelines were cited. On 12/11/14, Utilization Review modified a request for Post Op Therapy x 12 x 6 to Post Op Therapy x 6. The California MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health assistance; 4 hours/day, 3 x 6: 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: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are home-bound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration. There is no evidence in the records from 6/10/14 that the patient is home bound. There are no other substantiating reason why home health services are required. Therefore determination is for non-certification.

Post-op therapy x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initial course of therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

Decision rationale: CA MTUS/Post surgical treatment guidelines, Elbow, Lateral epicondylitis, page 17 state that 12 visits over 12 weeks. In this case the requested physical therapy visits is not medically necessary as the claimant has exceeded the time period from the lateral epicondylectomy from 11/25/13. There is no documentation in the records why a home program would not suffice or objective findings to warrant exceeding the guideline recommendations. Therefore the determination is for non-certification.

Post-op care taker: 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: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are home-bound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health

skilled nursing is recommended for wound care or IV antibiotic administration. There is no evidence in the records from 6/10/14 that the patient requires a postoperative care taker. There are no other substantiating reason why a care taker is required. Therefore determination is for non-certification.