MAXIMUS Federal Services

Case Number:	CM15-0135997		
Date Assigned:	07/24/2015	Date of Injury:	01/22/2010
Decision Date:	08/21/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/14/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48 year old female who sustained an industrial /work injury on 1/22/10. She reported an initial complaint of bilateral upper extremity, cervical, thoracic, and lumbar pain. The injured worker was diagnosed as having cervical radiculopathy, bilateral thoracic outlet syndrome, bilateral carpal tunnel syndrome, subluxing ulnar nerve left elbow with ulnar neuritis, lateral epicondylitis right elbow, right AC (acromioclavicular) arthritis of shoulder, and chronic anxiety and depression. Treatment to date includes medication, surgery (bilateral tunnel release, right shoulder decompression. MRI results were reported on 2/23/15. Currently, the injured worker complained of neck pain worst being between the shoulder blades or medial to right scapula, triggering at the base of both long fingers, hand stiffness, burning at medial aspect of right thigh down to the instep, right leg weakness. Per the primary physician's report (PR-2) on 6/23/15, exam notes maximal tenderness along the medial border of the right scapula, painful nodule of the right long finer and synovial cyst at base of left long finger, weak grip strength, limited back range of motion. The requested treatments include home health evaluation to determine services post cervical surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health eval to determine services post cerv surgery: 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 Health Services Page(s): 51 of 127.

Decision rationale: This claimant was injured 5 years ago with cervical radiculopathy, bilateral thoracic outlet syndrome, bilateral carpal tunnel syndrome, subluxing ulnar nerve left elbow with ulnar neuritis, lateral epicondylitis right elbow, right AC (acromioclavicular) arthritis of shoulder, and chronic anxiety and depression. There was past bilateral carpal tunnel release, and right shoulder decompression. There is still neck pain. As of June, there is tenderness at the right shoulder. Surgery is reportedly planned, but no other specifics are available. Regarding home health care services, the evidence-based guides note that is 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. It is not clear that a cervical surgery is clinically necessary, and without that, it would be premature to evaluate post surgical services. In addition, many people with neck surgery recuperate without home health care, and so it is not clear what is driving the need in this case. As presented in the records, the evidence- based MTUS criteria for home health services evaluation would not be supported and was not medically necessary.