

Case Number:	CM15-0147338		
Date Assigned:	08/10/2015	Date of Injury:	05/13/2013
Decision Date:	09/09/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/29/2015

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 56 year old female who reported an industrial injury on 5-13-2013. Her diagnoses, and or impression, were noted to include: cervical spine sprain-strain; and right upper extremity radiculopathy. Additional diagnoses were illegible. No current imaging studies were noted. Her treatments were noted to include right shoulder surgery (9-6-11 & 9-13-12); medication management with toxicology screenings; and rest from work. The progress notes of 6-19-2015 were hand written and difficult to interpret, but no subjective findings or complaints were noted. Objective findings were noted to include: tenderness to the right upper extremity; decreased sensation along ulnar and radius (illegible); positive Tinel's and Phalen's at the right wrist; and positive Tinel's, "DE", and (illegible) at the right elbow. The physician's requests for treatments were noted to include post-operative home care assistance at 8 hours a day, 7 days a week, for 2 weeks and then 4 hours a day, 3 days a week, for 4 weeks, to be performed by the injured workers husband. The patient has had EMG of right upper extremity on 3/18/13 that revealed CTS. The patient's surgical history include right shoulder surgery on 9/16/11 and left shoulder surgery on 9/13/12. Per the note dated 6/19/15 the patient had complaints of pain in elbow and wrist. Physical examination of the right upper extremity revealed tenderness on palpation, full ROM, decreased sensation, tenderness on palpation, positive Tinel and Phalen sign. Treatment plan included right CTR. Whether patient was certified for right CTR or not was not specified in the records specified. Any surgical or procedure note related to this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative Home Care Assistance, 4 hrs daily for 3 days wkly, for 4 wks: 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 Page 51, Home health services.

Decision rationale: Request: Post operative Home Care Assistance, 4 hrs daily for 3 days wkly, for 4 wks. Per the CA MTUS guidelines cited below, regarding home health services "Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." Treatment plan included right CTR. Whether patient was certified for right CTR or not was not specified in the records specified. Significant functional deficits that would require Home health care, for an extended period of time, were not specified in the records provided. Documented evidence that she was totally homebound or bedridden, for an extended period of time, is not specified in the records provided. Any medical need for home health service like administration of IV fluids or medications or dressing changes is not specified in the records provided. Homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not considered medical treatment. The presence or absence of any family members for administering that kind of supportive care is not specified in the records provided. The patient has received an unspecified number of PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. The medical necessity of the request for Post operative Home Care Assistance, 4 hrs daily for 3 days wkly, for 4 wks, is not fully established in this patient.

Post operative Home Care Assistance, 8 hrs daily for 7 days wkly, for 2 wks: 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 Page 51, Home health services.

Decision rationale: Post operative Home Care Assistance, 8 hrs daily for 7 days wkly, for 2 wks. Per the CA MTUS guidelines cited below, regarding home health services "Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." Treatment plan included right CTR. Whether patient was certified for right CTR or not was not specified in the records specified. Significant functional deficits that would require Home health care, for an extended period of time, were not specified in the records provided. Documented evidence that she was totally homebound or bedridden, for an

extended period of time, is not specified in the records provided. Any medical need for home health service like administration of IV fluids or medications or dressing changes is not specified in the records provided. Homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not considered medical treatment. The presence or absence of any family members for administering that kind of supportive care is not specified in the records provided. The patient has received an unspecified number of PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. The medical necessity of the request for Post operative Home Care Assistance, 8 hrs daily for 7 days wkly, for 2 wks, is not fully established in this patient.