

Case Number:	CM15-0167338		
Date Assigned:	09/08/2015	Date of Injury:	02/29/2012
Decision Date:	10/07/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/25/2015

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: North Carolina

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:

The injured worker is a 39-year-old male who sustained an industrial injury on 2-29-2012. He fell down a flight of stairs injuring both hands. He has reported residual numbness in his fingers with left thumb pain and has been diagnosed with healed left scaphoid fracture, minimal residual symptoms, previously severe right carpal tunnel syndrome with atrophy markedly improved post surgery, Quiescent left de Quervain's tenosynovitis, Quiescent left 4th extensor tendonitis, mildest left carpal tunnel syndrome, and mild left thumb dorsal MP pain. Treatment has included medications, surgery, injections, and occupational therapy. Examination revealed full right wrist and full thumb motion. There was no tenderness of the left radial wrist and the Finklestein's test was negative. There was slight tenderness dorsal to the left thumb MP. The treatment plan included medication. The treatment request included home assistance for cooking and cleaning for 6 weeks postoperative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home assistance for cooking and cleaning for 6 weeks post-operative: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health Page(s): 51.

Decision rationale: The California MTUS section on home health states: 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 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. (CMS, 2004) The request is for homemaker services which are not supported per the MTUS and therefore the request is not certified.