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| Case Number: | CM15-0182410 | | |
| Date Assigned: | 09/23/2015 | Date of Injury: | 07/10/2001 |
| Decision Date: | 10/28/2015 | UR Denial Date: | 09/09/2015 |
| Priority: | Standard | Application Received: | 09/16/2015 |

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 78 year old male with an industrial injury dated 07-10-2001. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral hand and wrist tendinitis with bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release in 2002 with recurrent bilateral symptoms and atrophy of "APB" on the right. Medical records (5-13-2015 to 08-12-2015) indicate bilateral wrist and hand pain, right usually greater than the left, and residual numbness in hands with difficulty feeling and new onset of difficulty with activities of daily living secondary to numbness and weakness of hands. The injured worker reported numbness causes him to drop things. He also has trouble driving and holding on to things. The injured worker reported that his wife has been providing care because of these issues. The wife helps him to get dress, bathe, shave, clean dentures, and with food preparation. The injured worker was requesting insurance coverage for home health needs due to his hands and difficulty with carpal tunnel syndrome for which the injured worker was told that he was not a surgical candidate. Documentation (5-13-2015) noted that the residual numbness was chronic and permanent. Documentation (5-13-2015) also noted that his Parkinsonism is causing difficulty with ambulation. Objective findings (5-13-2015 to 08-12-2015) revealed slightly decreased sensation in the first, third and fourth digits on the right hand, use of a walker for ambulation due to Parkinsonism or gait difficulty that he has had for the last year or two. Physical exam (5-13-2015 to 08-12-2015) also noted mild atrophy of "APB" muscles bilaterally and atrophy of the "FDI" muscles prominent moderate to severe bilaterally. Wrist and hand exam revealed positive Tinel's sign on the right and positive Phalen's on the right producing

paresthesia of the first through fourth digits. The injured worker has been declared permanent and stationary. In a home health care evaluation dated 06-30-2015, records indicate numbness to his hands and fingers with significant loss of strength and dexterity, which affects all aspects of his ability to independently complete activities of daily living. Treatment has included diagnostic studies, prescribed medications, home health care evaluation dated 06-30-2015, and periodic follow up visits. The treatment plan included home health evaluation for help with activities of daily living, medication management, new carpal tunnel braces, and follow up visit. The treating physician requested services for home health care 24 hours a day from 5-13-2015 to 5-13-2016. The Utilization Review dated 09-09-2015, non-certified the request for Home health care 24 hours a day from 5-13-2015 to 5-13-2016.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 24 hours a day from 5/13/15 to 5/13/16: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Home health services.

Decision rationale: Per the cited CA MTUS and ODG, home health care is recommended only for otherwise recommended medical treatment for injured workers who are homebound, either part-time or "intermittent", for generally up to no more than 35 hours per week. The guidelines specify that "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." According to the treating provider notes through 9-23-2015, the home health evaluation (6-30-2015) stated that the injured worker needs "essentially all care with activities of daily living and transportation and so forth." His bilateral hand and wrist tendinitis with bilateral carpal tunnel syndrome has caused residual numbness in the hands with weakness and resultant difficulty of activities of daily living. Based on the records, the injured worker appears homebound except with transportation via wheelchair. However, it is primarily noted that he is in need of homemaker services and personal services, and additionally, the number of hours requested exceeds the guidelines. Although it appears that this injured worker is in need of services provided by a home health aide, the request for home health services does not meet guideline criteria. Therefore, the request for home health care 24 hours a day from 5-13-2015 to 5-13-2016 is not medically necessary and appropriate.