

Case Number:	CM15-0186922		
Date Assigned:	09/28/2015	Date of Injury:	06/18/2015
Decision Date:	11/09/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/22/2015

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: Arizona, 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:

The injured worker is a 46 year old female who sustained an industrial injury on 6-18-2015. A review of medical records indicates the injured worker is being treated for severe crush injury right hand, status post traumatic amputation right index finger, near amputation right middle finger, status post ORIF right middle finger, status post ORIF right thumb distal phalanx fracture, and pull out PTSD. Medical records dated 8-21-2015 noted right hand remains painful. Physical examination noted decreased swelling to the right hand, prominence of index metacarpal head with tenderness. Wound at the base of the middle finger was showing increased signs of healing slight ulnar deviation deformity. Thumb was tender but had good circulation at the tip of the finger. All fingers had good circulation and no infection but there was decreased sensation to the tips of the ring and middle finger and thumb. Radiographs showed right hand healed thumb distal phalanx fracture and healing middle finger proximal phalanx fracture with intact hardware. Treatment has included Oxycodone, Percocet, and splinting. Utilization review form dated 9-9-2015 modified home health care 4 hours per day for the next 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care, four hours per day for the next three months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (online version) Home Health Services Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: According to the MTUS guidelines: Home health services are 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. In this case, the claimant does have a significant injury, however, the claimant was not homebound. In addition, the requested services for home health was not specified. There was mention for need for "self care" but no other needs were specified. Due to lack of substantiation for need, the request for home health is not medically necessary.