

Case Number:	CM15-0209622		
Date Assigned:	10/28/2015	Date of Injury:	07/07/2015
Decision Date:	12/10/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/24/2015

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:

This injured worker is an 18 year old male, who sustained an industrial injury on 07-07-2015. The injured worker was diagnosed as having amputation of the left index finger, left middle finger and left ring finger with residual amputation stump deformity and skin deficit. On medical records dated 09-21-2015, the subjective complaints were noted as having difficulty with activities of daily living and require assistance in the home and wants help with personal hygiene. Objective findings were noted as skin grafts were red and maturing; area of punctuate scar from the skin graft area was noted. Metacarpophalangeal joint range of motion was limited. Treatments to date included dressing changes. The injured worker was noted to be temporarily totally disabled. Current medications were not listed on 09-21-2015. The Utilization Review (UR) was dated 10-06-2015. A Request for Authorization was dated 09-21-2015. The UR submitted for this medical review indicated that the request for was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care x 2 days a week x 3 weeks, personal hygiene and domicile maintenance:
 Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulleting Home Health Aides May 17, 2005, Official Disability Guidelines (ODG).

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 did have finger amputations and the aid in self hygiene would be helpful, however, as noted in the guidelines above it is not considered a medical necessity. The claimant is not homebound from the injury and there is no indication that other form of assistance with the opposite hand cannot be used. The request is not medically necessary.