

Case Number:	CM15-0020469		
Date Assigned:	02/10/2015	Date of Injury:	01/12/2011
Decision Date:	04/17/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/03/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old male, who sustained an industrial injury on 1/21/2011. He reported injuring his right shoulder and left hand when he fell through a catwalk. The injured worker was diagnosed as having left thumb injury, left cervicalgia, right rotator cuff tear and repair and right shoulder strain. Treatment to date has included 2 right shoulder surgeries, steroid injection, physical therapy, chiropractic care and medication management. A progress note from the treating provider dated 12/18/2014 indicates the injured worker reported inability to use the left hand with a pending left thumb trapeziectomy and left ligament reconstruction with tendon interposition (12/23/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care 4hrs a day, x5 days a week for 4 weeks for left hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

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

Decision rationale: This patient presents with right shoulder and left hand/wrist pain. The patient is status post left thumb trapeziectomy from 12/23/2014. The physician is requesting HOME HEALTH CARE FOUR HOURS A DAY TIMES FIVE DAYS A WEEK FOR FOUR WEEKS FOR LEFT-HAND. The RFA from 12/24/2014 shows a request for home health care 4 weeks status post-surgery. The patient state of injury is from 01/12/2014 and he is currently permanent and stationary and off work. The MTUS Guidelines page 51 on home health services, recommends this service 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, laundering, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The records do not show any previous request for home health care. The 12/24/2014 report shows that the patient has a normal gait. Palpations of the cervical paraspinal muscles elicit mild tenderness in the lower cervical area on the right. Sensation was hypersensitive to pinprick in the left-hand. Range of motion of the shoulder was painful and limited on the right. In this case, it does not appear that the patient is homebound. The report making the request was not provided for review. The patient does not meet the MTUS guidelines for home health services as no specific home based medical treatment is documented as being medically necessary. The request IS NOT medically necessary.