

Case Number:	CM15-0028713		
Date Assigned:	02/20/2015	Date of Injury:	08/08/2013
Decision Date:	04/07/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/13/2015

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: Orthopedic Surgery

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 31 year old female sustained an industrial injury to the right wrist on 8/8/13. The injured worker underwent open reduction internal fixation right wrist on 9/7/13 and right wrist arthroscopy, triangular fibrocartilage complex open repair with percutaneous pinning of distal radioulnar joint on 4/30/14. Other treatment included physical therapy, splinting, casting, home exercise and medications. In an office visit dated 11/7/14, the injured worker complained of ongoing wrist pain with swelling and weakness. X-rays showed 4+ ulnar positive variance. The physician recommended ulnar shortening osteotomy. In a PR-2 dated 2/13/15, the injured worker was status post right wrist ulnar shortening osteotomy with arthroscopy on 1/29/15. The physician noted that she was doing well postoperatively, tolerating her splint and moving her fingers well. The injured worker reported moderate to severe pain and having difficulty doing things at home such as bathing, cooking and cleaning. Physical exam was remarkable for surgical incision clean, dry and intact, elbow range of motion slightly restricted, wrist range of motion restricted. X-rays showed ulnar shaft plate in good placement. A short arm fiberglass cast was placed during the office visit. Work status was off duty for the next two months. On 1/30/15, Utilization Review noncertified a request for home nursing assistant 3 times a week, 3 hours/day for 8 weeks post op, citing ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home nursing assistant 3 times a week, 3 hours/day for 8 weeks post op: 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) Forearm, Wrist, & Hand (updated 11/13/14) Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, "Home Health Services are recommended only for medical treatment in patients who are home-bound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration." There is no evidence in the records from 2/13/15 that the patient is home bound. There are no other substantiating reasons why home health services are required. Therefore determination is for non-certification.