

Case Number:	CM15-0037434		
Date Assigned:	03/05/2015	Date of Injury:	05/17/2006
Decision Date:	04/16/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	02/27/2015

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: 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 64-year-old female, who sustained an industrial injury on May 17, 2008. She has reported injury to the fingers of hands, bilateral carpal tunnel syndrome, and right elbow. The diagnoses have included left carpal tunnel syndrome, left 4th PIP failed arthroplasty, diabetes, and status post left 4th DIP fusion. Treatment to date has included medications, elbow surgery, carpal tunnel release, finger surgery, occupational therapy, and electrodiagnostic studies. She is retired currently, the injured worker complains of continued post-operative stiffness, deformity, and swelling of the left ring finger. She uses a walker for ambulation. Physical findings reveal left wrist flexion and extension 60 degrees, full supination, and positive median nerve compression test. The left hand is noted to have deformity and limited range of motion of the ring finger, no flexion of proximal interphalangeal joint, and a fused distal interphalangeal joint. On February 26, 2015, Utilization Review non-certified home care after patient surgery, and home care post finger surgery, 4 hours daily for 4-6 weeks, and transportation to and from doctor visits and occupational therapy; and approval of one time home care evaluation by a home health RN to assess the patients' medical needs post-surgery. The Chronic Pain Medical Treatment and ODG guidelines were cited. On February 27, 2015, the injured worker submitted an application for IMR for review of home care after patient surgery, and home care post finger surgery, 4 hours daily for 4-6 weeks, and transportation to and from doctor visits and occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care after patient surgery: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 50.

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 injured worker is a diabetic on insulin pump who is to undergo redo of left 4th finger arthroplasty and Utilization Review has modified to allow a one time home care evaluation by a home health RN to assess the patients medical needs post surgery. It would be reasonable to allow the home health RN to assess the injured worker's medical needs post surgery prior to initiating home care after surgery. The request for home care after patient surgery is therefore not medically necessary.

Home care post finger surgery, four hours daily for four to eight weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 50.

Decision rationale: The treating physician has noted that the injured worker will need assistance with personal hygiene, ambulation, toileting, dressing, undressing and bathing. The treating physician has stated that the injured worker will need help with meal preparation, shopping or general housekeeping/home maintenance assistance. 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. The requested services are not supported per the MTUS guidelines. The request for Home care post finger surgery, four hours daily for four to eight weeks is not medically necessary.

Transportation to and from doctor's visits and occupational therapy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Transportation.

Decision rationale: According to the Official Disability Guidelines, transportation (to & from appointments) is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. In this case, the injured worker will be undergoing left finger joint arthroplasty which prevents her from self transport. The request for transportation to and from doctor's visits and occupational therapy is supported. The request for Transportation to and from doctor's visits and occupational therapy is medically necessary.