

Case Number:	CM15-0039141		
Date Assigned:	03/09/2015	Date of Injury:	04/18/2012
Decision Date:	04/10/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	03/02/2015

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: Preventive Medicine, Occupational Medicine

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 37-year-old male, who sustained an industrial injury on April 18, 2012. He reported pain in the right upper extremity after partial amputation of all the fingers on the right hand after being caught in a mixer. The injured worker was diagnosed as having shoulder pain, wrist/hand pain, status post right hand amputation, and right hand neuropathic pain, phantom pain in the right upper extremity, right shoulder pain, right shoulder impingement syndrome and right ankle pain. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right hand, conservative therapies including functional restoration, medications and work restrictions. Currently, the injured worker complains of right shoulder pain, resisted right arm abduction, tenderness to palpation on the distal end of the right upper extremity, decreased sensation and reduced grip with the residual right hand. The injured worker reported an industrial injury in 2012, resulting in the above noted pain and symptoms. He has been treated conservatively and surgically without resolution of the right shoulder pain and right hand pain with associated noted symptoms. Evaluation on December 17, 2014, revealed continued pain and symptom as noted. The treatment recommendations included resuming pain pills for neuropathic pain, remaining very temporarily disabled and obtaining a right handed functional position prosthesis with customization for specific needs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Assessment: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability GuideinesPain; Home Health Services.

Decision rationale: MTUS Guidelines address this issue in a very limited manner considering home health care only as skilled medical care for those who cannot travel. ODG Guidelines address this in a much more comprehensive manner consistent with other major insurers such as Medicare. These Guidelines recommend a home health evaluation to determine what is medically necessary, what is not medically necessary, and what degree of professional care or support is reasonable. Very strict and detailed standards have to be followed with such an evaluation/assessment. This medical request is for an evaluation/assessment and not treatment. The request for a Home Health Assessment is consistent with up to date Guidelines that address this issue and it is medically necessary.