

Case Number:	CM15-0053434		
Date Assigned:	03/26/2015	Date of Injury:	01/20/2014
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/20/2015

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: Emergency 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 33-year-old female, who sustained an industrial injury on January 20, 2014. She reported left wrist pain. The injured worker was diagnosed as having left wrist pain. Treatment to date has included medications, and physical therapy. On February 26, 2015, the PR-2 indicates she was seen for left wrist pain. The treatment plan included wrist surgery scheduled for March 23, 2015. The records note she has a new infant and will need assistance. The records indicate she was making progress with physical therapy. The request is for post-operative assisted living with home health aide.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op assisted living with home health aide (left wrist) (4 hours per day x 4 weeks/80 hours): Upheld

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 Page 51, Home health services Page(s): 51.

Decision rationale: The requested Post-op assisted living with home health aide (left wrist) (4 hours per day x 4 weeks/80 hours), is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 51, Home health services, note that 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 injured worker is scheduled for wrist surgery scheduled for March 23, 2015. The records note she has a new infant and will need assistance. The treating physician has not documented what specific home health services are being requested nor their medical necessity. The criteria noted above not having been met, Post-op assisted living with home health aide (left wrist) (4 hours per day x 4 weeks/80 hours) is not medically necessary.