MAXIMUS Federal Services

Case Number:	CM14-0144703		
Date Assigned:	09/12/2014	Date of Injury:	12/03/2012
Decision Date:	10/14/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59 year old male who reported a date of injury of 12/03/2012. The mechanism of injury was not indicated. The injured worker had a diagnosis of right distal biceps tendonosis with partial tear. Prior treatments included physical therapy. The injured worker had an MRI on 02/10/2014 with the official report indicating distal tendinosis with no evidence of tear and tendinosis at the common flexor origin without evidence of a tear and, a NCV on 01/28/2013 with an unofficial report indicating a normal study. Surgeries were not indicated within the medical records received. The injured worker had complaints of continued elbow pain. The clinical note dated 03/27/2014 noted the injured worker had normal range of motion in the elbow with 0 degrees of extension, 135 degrees of flexion, 70 degrees of supination and 60 degrees of pronation. Grip strength testing with a Jamar device at notch 2 was 30/20/19 in the right and 104/104/108 in the left. The injured worker had tenderness to palpation over the right biceps tendon and at the bicipital tuberosity and to supination in elbow extension against resistance. The injured worker had a negative valgus, varus and posterior lateral drawer test. Medications were not included within the medical records provided. The treatment plan included the physician's recommendation for biceps tendon repair surgery. The rationale was not indicated within the medical records received. The request for authorization form was received on 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care assistance Post Surgery 1-2 hours x weeks quantity: 2.00: 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 Guidelines Home health services Page(s): 51.

Decision rationale: The request for home health care assistance post surgery 1-2 hours x weeks quantity: 2.00 is not medically necessary. The injured worker had complaints of continued elbow pain with a right elbow biceps tendon repair surgery scheduled. The California MTUS guidelines indicate 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. It is noted the injured worker has severe claustrophobia and is unable to ride in a car or elevator as a result. However, there is a lack of documentation indicating the injured worker is home bound and would require medical treatment while at home. The documentation does not indicate the specific medical care which the injured worker would require in his home. As such, the request is not medically necessary.