

Case Number:	CM14-0183399		
Date Assigned:	11/10/2014	Date of Injury:	03/21/2013
Decision Date:	12/16/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/04/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 53-year-old woman with a date of injury of 03/21/2003. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 04/09/2014, 07/23/2014, and 09/10/2014 and a pre-operative evaluation report dated 10/22/2014 indicated the worker was experiencing numbness in both hands and pain in both elbows, right shoulder, neck and the entire back, and face. Documented examinations consistently described spasm and tenderness throughout all regions of the back, tenderness in both elbows and the right shoulder, and numbness in fingers #4 and 5. The submitted and reviewed documentation concluded the worker was suffering from right cubital and carpal tunnel syndromes, right shoulder impingement syndrome, right shoulder acromioclavicular arthrosis, a partial right rotator cuff tear, strain throughout the back, degenerative disk disease in the upper back, and epicondylitis involving both elbows. Treatment recommendations included oral pain medication, surgery to treat the right shoulder and wrist/hand, and home health care for twelve hours daily (Monday through Friday) for four to six weeks after the surgery. A Utilization Review decision was rendered on 10/27/2014 recommending non-certification for home health care including activities of daily living for twelve hours daily (Monday through Friday) for four to six weeks after the surgery to treat the right shoulder and wrist/hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home healthcare; twelve (12) hours a day for daily activities of daily living (ADLs) M-F for four to six (4-6) weeks, postop right shoulder, right wrist, and right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

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

Decision rationale: The MTUS Guidelines recommend the use of home health services for those who are homebound and for a maximum of thirty-five hours per week. The submitted and reviewed documentation concluded the worker was suffering from right cubital and carpal tunnel syndromes, right shoulder impingement syndrome, right shoulder acromioclavicular arthrosis, a partial right rotator cuff tear, strain throughout the back, degenerative disk disease in the upper back, and epicondylitis involving both elbows. Surgery to treat the right shoulder and wrist/hand was planned. There was no discussion suggesting the worker would be homebound after the surgery or extenuating circumstances that would support the need for these requested services. In addition, the number of service hours far exceeds the maximum recommended by the Guidelines when a need is present. For these reasons, the current request for home health care including activities of daily living for twelve hours daily (Monday through Friday) for four to six weeks after the surgery to treat the right shoulder and wrist/hand is not medically necessary.