

Case Number:	CM14-0089171		
Date Assigned:	07/23/2014	Date of Injury:	08/28/2007
Decision Date:	10/03/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/13/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 prior UR stated the following: "This 43-year-old female had an underlying date of injury of 8/28/07. The mechanism of injury occurred when a box fell on her arm. Diagnoses: brachial plexus lesion, right rotator cuff impingement syndrome with partial rotator cuff tear, right shoulder girdle strain, right lateral epicondylitis, right carpal tunnel syndrome (CTS) and wrist tendinitis with a partial thickness TFCC tear, and left CTS and tendinitis due to overuse. On 11/21/13, ██████████ discussed with the patient his recommendation for right--sided decompression surgery for thoracic outlet syndrome, but more specifically a trans axillary rib resection. On 2/14/14, ██████████ submitted a supplemental report and the patient reported she was willing to proceed with thoracic outlet surgery, which had been authorized. However, she indicated she could not proceed with the surgery unless she had home health assistance. "The report dated 02/14/14 states that the patient is requesting home health care due to the fact that her husband works 10-12 hours per day and she is left alone. ██████████ states she will not be able to care for herself. The requested post-op home health care is for cooking, cleaning, bathing and help with basic ADLs for 4 hours per day, 5 days a week for two weeks. However, the records also contain a 2/18/14 states an identical request for post-op home health care, but for the duration of 1 month, instead of 2 weeks. The request for IMR form states "home visit est patient", without specifying the purpose, duration and frequency of the visits intended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Visit EST Patient: 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(s): 51.

Decision rationale: CA MTUS and ODG base their guidelines on the rules and regulations of Centers for Medicare and Medicaid Services. The guidelines state that a request for home health services can only be certified if the plan of care requested by the doctor requires skilled nursing care in part or in its entirety. The requested post-op home health care for cooking, cleaning, bathing and help with basic ADLs does not require skilled nursing care (LVN or RN), as the listed activities can be carried out by anyone. Therefore, with the presented wording of the request, recommend non-certification.