

Case Number:	CM14-0099166		
Date Assigned:	07/28/2014	Date of Injury:	09/26/2011
Decision Date:	10/06/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/27/2014

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 Orthopedic Surgery, 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:

This is a 57-year-old female who sustained a vocational injury on 09/26/11. The claimant has been authorized to undergo right open carpal tunnel release and right cubital tunnel release. The current request is for a home health aide three to four hours a day, five days a week following the surgery. The claimant provided a letter on 06/19/14 in which she documented that her husband has Stage IV lung cancer and has been given nine to twelve months to live and has a difficult time helping his wife take care of herself. The claimant documented that both of her hands were scheduled for surgery. She noted that her husband was originally taking one to two months' time off to care for her, but got sick before the operation. She noted that she had a "sincere request to hire someone that she knew from her country () to take care of her full time, live in, until she got back on her feet."

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide 3-4 hrs/day, 5 days/wk x 2 s/p carpal tunnel and cubital tunnel surgery:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services, Recommended only for otherwise recommended medical treatment for patients.

Decision rationale: California Chronic Pain Medical Treatment Guidelines state that Home Health Services are recommended only for otherwise recommended medical treatment for patients who are home bound 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, laundry, personal care giving by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The documentation presented for review suggests the claimant is undergoing a staged procedure at which time she will be having surgery on the right carpal tunnel and right elbow and then after completion of the healing process and rehabilitation, she will be undergoing the left upper extremity surgical intervention. In the setting of a staged upper extremity surgical intervention, it is not clearly defined and medical necessity has not been established as to why the claimant would not be able to use her contralateral extremity to help perform activities of daily living and care for herself. Generally speaking, following carpal tunnel and cubital tunnel surgery home health services are not considered medically necessary as claimants can typically bath, dress, and use the restroom without assistance. There is no documentation in the records provided for review that this would not be the case in this situation. Therefore, based on the documentation presented for review and in accordance with California Chronic Pain Medical Treatment Guidelines, the request for a home health aide three to four hours a day, five days a week times two is not medically necessary.