

Case Number:	CM14-0212505		
Date Assigned:	01/02/2015	Date of Injury:	09/11/2012
Decision Date:	06/01/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 28 year old woman sustained an industrial injury on 9/11/2012. The mechanism of injury is not detailed. Diagnoses include posterior interosseous nerve entrapment, De Quervain's tenosynovitis, carpometacarpal joint synovitis, and dorsal wrist ganglion cyst. Treatment has included oral medications, bracing, physical therapy, injections, and rest. Physician notes dated 11/20/2014 show continued complaints of left forearm pain. Recommendations include surgical intervention and home healthcare provider of aide four hours per day for approximately 14 days post-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide, 4 hours per day: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Wrist; Home Health Services.

Decision rationale: ODG states: "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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." There is no justification given to show that the employee is homebound. Additionally, there is no detail as to what medical treatment would be provided for 4 hours/day for 2 weeks. Therefore, the request is not medically necessary.