

Case Number:	CM14-0212932		
Date Assigned:	12/31/2014	Date of Injury:	03/02/2009
Decision Date:	03/03/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/19/2014

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: California

Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

60 year old male claimant with an industrial injury dated 03/02/09. The patient is status post a right shoulder arthroscopy for subacromial decompression, distal clavicle resection, extensive debridement, superior labrum and extensor debridement of the rotator cuff and biceps tenotomy as of 06/19/13. The patient is status post a right wrist and hand surgery including neurectomy of the interosseous nerve, median nerve neurolysis, triquetrum arthrodesis and radio styloidectomy as of 07/16/12. Exam note 10/13/14 states the patient returns with depression and moderate to severe right forearm, wrist and hand pain. The patient rates the pain a 7-9/10. Current medications include Neurontin and Vicodin for pain relief. Diagnosis is noted as depressive disorder, right shoulder/ right forearm/ wrist/ hand pain, and headaches. Treatment includes an anchillary home assistance service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ancillary home assistance following right wrist and hand surgery, 4 hours per day, 3 days per week through September 24, 2014 and continuing 4 hours per day, 3 days a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 51, 79.

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

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are home-bound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration." There is no evidence in the records from 10/13/14 that the patient is home bound. There are no other substantiating reasons why home health services are required. Therefore determination is for non-certification.