

<b>Case Number:</b>	CM15-0012008		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	11/01/1999
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 67 year old female, who sustained an industrial injury on 11/1/1999. The injured worker has complaints of severe pain in her right hand with numbness and tingling with severe spasm of her thumb which crossed over into her second web space. The documentation noted on the 11/18/14 she was shopping and using her hand and it cramped and had moderate left wrist pain. Recommendations were made for a home healthcare as she needs a housekeeper and someone to help her shop and prepare foods. She is taking Norco 10/325mg 2 times a day. Her right hand is very sclerotic and has very poor sensation and a very tight skin such scleroderma would produce or complex regional pain syndrome. The diagnoses have included right hand status post carpal tunnel release with residuals; right hand status post multiple trigger finger releases, 1 through 5, with residuals and recurrent tendinitis and triggering; status post left carpal tunnel release with residuals and left multiple trigger finger releases with residuals. Work status remains permanently totally disabled on social security disability and workers compensation permanent and stationary status. According to the utilization review performed on 12/23/14, the requested 1 Home Health Care for 2 times per week for 6 hours for symptoms related to right hand/wrist has been non-certified. The utilization review noted that there was nothing in the guidelines to support the requested services that they specifically outline that home health care is not to address shopping, laundry, and personal items and that home care is for clinical issues only. Chronic Pain Medical Treatment Guidelines; MTUS Home Health Services page 51 to 127 were used.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Home Health Care for 2 times per week for 6 hours for symptoms related to right hand/wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** According to MTUS guidelines, home care assistance is "Recommended only for otherwise recommended medical treatment for patients who are homebound, 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, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004)". The patient does not fulfill the requirements mentioned above. There is no documentation that the patient recommended medical treatment requires home health aide. Therefore the request for 1 Home Health Care for 2 times per week for 6 hours for symptoms related to right hand/wrist is not medically necessary.