

Case Number:	CM15-0013559		
Date Assigned:	02/02/2015	Date of Injury:	02/13/2014
Decision Date:	03/19/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/23/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 60 year old woman sustained an industrial injury on 2/13/2014. The mechanism of injury is not detailed. Current diagnoses include bilateral carpal tunnel decompression and right wrist ganglion cyst. Treatment has included oral medications and physical therapy. Physician notes dated 1/5/2015 show tenderness at the right volar distal forearm with a palpable mass. Recommendations include awaiting approval for surgical intervention, oral medications, and post-operative home care to assist with activities of daily living and upkeep of the house. There does not seem to be an evaluation of the home prior to ordering home care services. On 1/14/2015, Utilization Review evaluated a prescription for home care assistance post-operatively, that was submitted on 1/23/2015. The UR physician noted there was no specific evaluation of the home situation indicating the need for services. MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care Assistant Post Surgery (frequency/duration unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist & Hand (updated 11/13/14), Home health services

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

Decision rationale: The California chronic pain medical treatment guideline on home health services states: Home health services 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, 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) Home health services are recommended for patients who are home bound. The maximum amount is 35 hours per week. The request does not specify an amount. Also home health is not recommended for homemaker services. The request specifically is for upkeep of the house post surgery. Therefore the request is not certified.