

Case Number:	CM15-0112519		
Date Assigned:	06/19/2015	Date of Injury:	12/24/2014
Decision Date:	07/22/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/11/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old female, who sustained an industrial injury on December 24, 2014. The mechanism of injury was a mechanical fall. The injured worker has been treated for right wrist, right hand, left foot and upper back complaints. The diagnoses have included a closed right wrist distal radius fracture and right scapholunate ligament tear. Treatment to date has included medications, radiological studies, splint and right wrist surgery. Current documentation dated April 13, 2015 notes that the injured worker was post-operative right wrist surgery and had a cast in place on the right hand and thumb. The injured worker reported soreness and stiffness of the fingers. Examination of the right hand revealed no swelling of the fingers and sensation was noted to be intact in the fingers. Hardware removal surgery was scheduled for May 3, 2015. The documentation notes the injured worker lived alone and needed assistance with household chores. The treating physician's plan of care included a request for Home Health care to help with household chores.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care to Help with Household Chores: Upheld

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

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

Decision rationale: The patient presents on 04/13/15 with unrated pain and stiffness in the fingers of the right hand. The patient's date of injury is 12/24/14. Patient is status post open reduction and internal fixation of the right distal radius with scapholunate ligament repair on 01/17/15. The request is for HOME HEALTH CARE TO HELP WITH HOUSEHOLD CHORES. The RFA was not provided. Physical examination dated 04/13/15 reveals a cast in place on the right forearm and wrist, intact sensation and a noted lack of swelling in the fingers of the right hand. The patient's current medication regimen is not provided. Diagnostic imaging included X-ray of the right forearm dated 12/24/14, significant findings include "comminuted fracture of the distal radius which extends into the radiocarpal joint. There is overriding of fracture ligaments. There is also a minimally comminuted ulnar syloid fracture. " Per 04/13/15 progress note, patient is classified as temporarily totally disabled for 6 weeks. MTUS Chronic Pain Medical Treatment Guidelines, pg 51 for Home health services states: "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. " In regard to the request for a housekeeper to assist this patient in maintaining a healthy and clean living space, guidelines do not support the issuance of a home aide solely for the purpose of cleaning. Progress note dated 04/13/15 documents that this patient lives alone, and requires a housekeeper to perform dusting, vacuuming, lifting, etc - though fails to specify a duration for homemaker services to be provided. While this patient has likely lost functionality in right arm due to recent fall injury/fracture, there are no otherwise noted functional deficits that would inhibit the patient's ability to do limited house work. The request does not specify duration and frequency, either. MTUS does not consider homemaker services medial treatments. Therefore, the request IS NOT medically necessary.