

Case Number:	CM15-0114241		
Date Assigned:	06/22/2015	Date of Injury:	10/02/2011
Decision Date:	07/23/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/12/2015

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 54 year old female, who sustained an industrial injury on 10/2/11. She reported pain in neck, back and upper and lower extremities. The injured worker was diagnosed as having bilateral knee sprain, status post left wrist carpal tunnel release, status post right carpal tunnel release, bilateral wrist flexor/extensor tendinitis, bilateral elbow medial and lateral epicondylitis, bilateral shoulder periscapular strain and impingement syndrome and lumbar musculoligamentous sprain/strain. Treatment to date has included left wrist carpal tunnel release, physical therapy, oral medications, activity restrictions and home exercise program. Currently, the injured worker complains of weakness, numbness and tingling of right wrist and pain of right knee. She notes she needs assistance with activities of daily living. She is temporarily disabled. Physical exam noted decreased sensation of bilateral wrist and sutures of left wrist and decreased range of motion of right knee with increased pain and patellar grind and abnormal gait. A request for authorization was submitted for home care 8 hours a day 7 days a week for 2 weeks and home health aide 4 hours/day for 3 days a week for 9 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide 8 hours 7 days per week for 2 weeks (Hours) Qty: 112.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the 05/18/15 progress report provided by treating physician, the patient presents with pain to bilateral upper extremities and bilateral knees rated 5/10. The patient is status post right carpal tunnel release 1992, and status post left wrist carpal tunnel release 01/13/15. The request is for HOME HEALTH AIDE 8 HOURS 7 DAYS PER WEEK FOR 2 WEEKS (HOURS) QTY: 112.00. RFA dated 05/18/15 provided. Patient's diagnosis on 05/18/15 included bilateral knee sprain, bilateral wrist flexor/extensor tendinitis, bilateral elbow medial and lateral epicondylitis, bilateral shoulder periscapular strain and impingement syndrome and lumbar musculoligamentous sprain/strain. MRI dated 07/17/13, per 05/18/15 report revealed bilateral chondromalacia and right knee osteoarthritis. Treatment to date has included left wrist carpal tunnel release, physical therapy, oral medications, activity restrictions and home exercise program. The patient is not working and remains permanent and stationary, per 05/18/15 report. Treatment reports were provided from 11/17/14 - 05/21/15. MTUS Guidelines page 51 has the following regarding home service, "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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." Per 05/15/15 report, treater states the patient "has had substantial functional impairment relative to the use of her left upper extremity and has been either unable or experienced marked increase in symptoms with activities of daily living of housework from mopping, vacuuming, dusting, making the bed, cleaning the bathroom, and sweeping; cooking and doing dishes; laundry; and grocery shopping. The patient reports requiring assistance with these activities of daily living and has also reported requiring assistance with personal care including bathing, dressing, and other personal hygiene... Retroactive ancillary home assistance is requested following the patient's left wrist surgery on January 13, 2015... to the patient's follow up examination in the office on April 8, 2015...The requested ancillary home assistance is needed to a reasonable medical certainty... The ancillary home assistance services have been provided by the patient's daughter." While this patient presents with postoperative pain causing functional impairment as documented by treater, help at home provided by one's offspring does not constitute medical treatment by a trained professional. MTUS guidelines do not support the issuance of a home aide for the purpose of doing household chores; and homemaker services are not considered medical treatment based on guidelines. Treater has not clearly documented why this patient is unable to perform these activities herself. Furthermore, the requested ancillary services provided by the patient's daughter appears excessive. Therefore, this retrospective request IS/WAS NOT medically necessary.

Home health aide 4 hours/day for 3 days/week x 9 weeks (Hours) Qty: 108.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the 05/18/15 progress report provided by treating physician, the patient presents with pain to bilateral upper extremities and bilateral knees rated 5/10. The patient is status post right carpal tunnel release 1992, and status post left wrist carpal tunnel release 01/13/15. The request is for HOME HEALTH AIDE 4 HOURS/DAY FOR 3 DAYS/WEEK X 9 WEEKS (HOURS) QTY: 108.00. RFA dated 05/18/15 provided. Patient's diagnosis on 05/18/15 included bilateral knee sprain, bilateral wrist flexor/extensor tendinitis, bilateral elbow medial and lateral epicondylitis, bilateral shoulder periscapular strain and impingement syndrome and lumbar musculoligamentous sprain/strain. MRI dated 07/17/13, per 05/18/15 report revealed bilateral chondromalacia and right knee osteoarthritis. Treatment to date has included left wrist carpal tunnel release, physical therapy, oral medications, activity restrictions and home exercise program. The patient is not working and remains permanent and stationary, per 05/18/15 report. Treatment reports were provided from 11/17/14 - 05/21/15. MTUS Guidelines page 51 has the following regarding home service, "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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." Per 05/15/15 report, treater states the patient "has had substantial functional impairment relative to the use of her left upper extremity and has been either unable or experienced marked increase in symptoms with activities of daily living of housework from mopping, vacuuming, dusting, making the bed, cleaning the bathroom, and sweeping; cooking and doing dishes; laundry; and grocery shopping. The patient reports requiring assistance with these activities of daily living and has also reported requiring assistance with personal care including bathing, dressing, and other personal hygiene... Retroactive ancillary home assistance is requested following the patient's left wrist surgery on January 13, 2015... to the patient's follow up examination in the office on April 8, 2015...The requested ancillary home assistance is needed to a reasonable medical certainty... The ancillary home assistance services have been provided by the patient's daughter." While this patient presents with postoperative pain causing functional impairment as documented by treater, help at home provided by one's offspring does not constitute medical treatment by a trained professional. MTUS guidelines do not support the issuance of a home aide for the purpose of doing household chores; and homemaker services are not considered medical treatment based on guidelines. Treater has not clearly documented why this patient is unable to perform these activities herself. Furthermore, the requested ancillary services provided by the patient's daughter appears excessive. Therefore, this retrospective request IS/WAS NOT medically necessary.