

Case Number:	CM15-0175886		
Date Assigned:	09/17/2015	Date of Injury:	03/10/2011
Decision Date:	10/26/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/08/2015

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: Orthopedic Surgery, Hand Surgery, Sports 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 54 year old female who sustained an industrial injury to her right hand on 3-10-11. She is currently not working. Diagnoses include cervical and lumbar spine discopathy; bilateral hand-wrist carpal tunnel syndrome, status post right carpal tunnel release (6-10-15). She currently (7-29-15) complains of ongoing persistent right upper extremity pain and notes that numbness has resolved since surgery but still with pain and stiffness with range of motion with a pain level of 8 out of 10; leg pain (8 out of 10). On 6-18-15 she complained of stabbing pain in the right hand with a pain level of 6 out of 10; stabbing pain in the left hand (5 out of 10); achy right elbow pain (6 out of 10); achy pain in the back (5 out of 10). On physical exam of the right hand there was decreased range of motion, painful flexion and extension, decreased strength of the right hand. Treatments to date included status post right carpal tunnel release (6-10-15); medication: omeprazole, ibuprofen; home exercise therapy. In the 6-25-15 progress note the treating provider's plan of care included requests for home health assistance 4-6 hours a day for 3 weeks; ibuprofen 800mg #90. The request for authorization dated 6-25-15 indicates home health assistance 4-6 hours a day for 3 weeks; ibuprofen 800mg #90. On 8-10-15 utilization review evaluated and non-certified the requests for home health assistance 4-6 hours a day for 3 weeks based on no documentation that medical care at home is required such as dressing changes, wound irrigation or medication injections or infusions; ibuprofen 800mg #90 based on the use of non-steroidal anti-inflammatories in the immediate post-operative period may impede wound healing and its use in this case has not resulted in any functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Home Health Assistance, 4-6 hrs daily for 3 wks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand - Home health services.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Job Analysis, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

Decision rationale: This is an unusual request for unspecified home health assistance in an individual who underwent June 10 2015 carpal tunnel surgery. Carpal tunnel release is a minor surgery after which patients go home the same day. Patients are not home bound and no home medical treatment is needed. Home health assistance is not necessary and not included in any evidence based treatment guidelines, such as the California MTUS. The request is not medically necessary.

Associated Surgical Services: Ibuprofen 800 mg Qty 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: In this case, I recommend overturning the UR decision. Records provided indicate the individual has been taking ibuprofen with some relief of symptoms. The reviewer correctly notes that NSAID's such as ibuprofen carry risks, but that is true of all medications. Ibuprofen is available over-the-counter and is a low risk medication even at the higher requested prescription dose. The requested medication is reasonably used to manage long-term pain and the patient can decide if the benefits of using the medication outweigh the risks in consultation with the treating physician.