

Case Number:	CM15-0069872		
Date Assigned:	04/17/2015	Date of Injury:	12/07/2012
Decision Date:	05/19/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/13/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 46-year-old who has filed a claim for chronic hand, wrist, and shoulder pain reportedly associated with an industrial injury of December 7, 2012. In a Utilization Review report dated April 7, 2015, the claims administrator failed to approve requests for a home health aide and shower chair. The claims administrator referenced a RFA form of March 31, 2015 and a letter dated March 12, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated October 8, 2014, the applicant reported ongoing complaints of hand, wrist, and thumb pain status post earlier CMC joint arthroplasty. The applicant was not working, it was acknowledged. The applicant's medications included tramadol, Paxil, Desyrel, Ativan, and Tylenol No. 3, it was incidentally noted. On March 12, 2015, the applicant was described as doing poorly. The applicant's review of systems was attributed to a triangular fibrocartilage tear. The applicant was asked to consider surgical intervention on the same. The applicant was placed off of work, on total temporary disability. Tramadol, several topical compounded medications, Norflex, Neurontin, Flexeril, and Protonix were endorsed while the applicant was kept off of work. Urine drug testing was endorsed. There was no mention of the need for either a shower chair or a home health aide. On February 26, 2015, the applicant was again placed off of work, on total temporary disability, while multiple medications were renewed. In a RFA form dated April 2, 2015, urine drug testing, Percocet, Ceclor, tramadol, and a home health aide at a rate of four hours a day for four weeks were sought. Little-to-no rationale accompanied the RFA form.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide: 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 services Page(s): 51.

Decision rationale: No, the request for a home health aide was not medically necessary, medically appropriate, or indicated here. While page 51 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that home health services are recommended to deliver otherwise recommended medical treatment to applicants who are homebound, in this case, however, it was not established that the applicant was necessarily homebound. It was not clearly stated what home health services were sought. It was not clearly stated whether the request represented a request for home health services preoperatively or postoperatively, following planned de Quervain's release surgery. Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that home health services do not include assistance of activities of daily living such as cooking, cleaning, laundering, and other activities of daily living when this is the only care needed. Here, no rationale accompanied the April 2, 2015 RFA form. It was not clearly stated what services were sought. Therefore, the request was not medically necessary.

Shower chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Knee Durable medical equipment (DME).

Decision rationale: Similarly, the request for a shower chair was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While ODG's Knee and Leg Chapter Durable Medical Equipment topic does acknowledge that, certain DME toilet items such as the shower chair at issue are medically necessary in applicants who are bed or room confined, as part of a medical treatment for an injury or conditions, which result in physical limitations. In this case, however, the applicant's primary constraints pertain to the upper extremities. The applicant had issues with thumb arthritis and/or thumb de Quervain's tenosynovitis. It was not established how (or if) the applicant's impairment from the thumb, hand, and/or wrist would compel provision of a shower chair, either preoperatively or postoperatively. Again, little-to-no narrative rationale accompanied the April 2, 2015 RFA form. Therefore, the request was not medically necessary.

