

Case Number:	CM15-0072624		
Date Assigned:	04/22/2015	Date of Injury:	04/12/2002
Decision Date:	06/11/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 66 year old female, who sustained an industrial injury on 04/12/2002. She has reported injury to the bilateral hands/wrists, right shoulder, neck, bilateral knees, and low back. The diagnoses have included right wrist sprain/strain with moderate carpal tunnel syndrome; right first carpometacarpal osteoarthritis with trigger thumb; lumbar spine sprain/strain; and status post bilateral total knee replacements. Treatment to date has included medications, diagnostics, injections, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, and surgical intervention. A progress note from the treating physician, dated 02/26/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the right wrist and thumb with numbness, tingling, and decreased grip strength. Objective findings included right wrist/hand tenderness to palpation; decreased sensation of the left wrist and digits 1-4; positive Tinel's and Phalen's signs; and lumbar spine tenderness to palpation with spasms. The treatment plan has included the request for home health care assistant 8 hours/day for 7 days/week bilateral upper extremities, (unspecified duration).

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care Assistant 8 Hours/day for 7 days/ week Bilateral Upper Extremities, (unspecified duration): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Home health services.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2002 continues to be treated for right wrist and hand pain with decreased strength. Treatments have also included bilateral total knee replacements done in 2011 and 2013. When seen, authorization for a right carpal tunnel release was being requested. The assessment references the claimant as needing to use a walker. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. In this case, there is no new injury or recent surgery. There is no reported significant functional deficit affecting the claimant's ability to perform essential activities of daily living. She continues to be seen on an outpatient basis. Therefore, the requested home health aide services were not medically necessary.