

Case Number:	CM15-0093123		
Date Assigned:	05/19/2015	Date of Injury:	10/02/2011
Decision Date:	06/19/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/14/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 on October 2, 2011. Treatment to date has included left carpal tunnel release, left wrist injections, acupuncture, physical therapy and medications. Currently, the injured worker complains of weakness in the left wrist. Some of the documents submitted for medical review were difficult to decipher. The Diagnoses associated with the request include status post carpal tunnel release on 1/13/2015, bilateral wrist flexor/extensor tendinitis, bilateral knee sprain, bilateral elbow epicondylitis, bilateral shoulder periscapular strain and impingement syndrome, and lumbar musculo-ligamentous sprain/strain. The treatment plan includes continued physical therapy, home care assistant, and transportation to and from physician's visits, home exercise program, brace and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy post operative left hand/wrists (6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy postoperative left hand/wrist #6 sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are carpal tunnel release; and flexor tenosynovectomy. The guidelines recommend 3-8 physical therapy sessions for carpal tunnel release. The documentation indicates the injured worker received 8 physical therapy sessions. There are no compelling clinical facts documented in the medical record indicating additional physical therapy is clinically warranted. Consequently, absent compelling clinical documentation indicating additional physical therapy is warranted, additional physical therapy postoperative left hand/wrist #6 sessions is not medically necessary.

Transportation to/from all medical appointments (weeks), Qty: 6.00: 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), Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/200_299/0218.html.

Decision rationale: Pursuant to the Aetna Clinical Policy Bulletin, transportation to and from all medical appointments (weeks) #6 are not medically necessary. The MTUS and Official Disability Guidelines do not cover transportation to and from appointments. Aetna does not consider transportation to be medically necessary. See the attached link for additional details. In this case, the injured worker's working diagnoses are carpal tunnel release; and flexor tenosynovectomy. The documentation shows the injured worker is wearing a splint to the left wrist. The surgery was performed three months prior to the submitted request for transportation. Transportation is not a medically necessary service. Additionally, wearing a splint on the affected wrist should not prevent the injured worker from driving. Consequently, absent clinical guideline recommendations for transportation, transportation to and from all medical appointments (weeks) #6 are not medically necessary.

Continue home care 4 hours/day 3 days/ week (hours) Qty: 72.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Home Health Care Guidelines.

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

Decision rationale: Pursuant to the Official Disability Guidelines, continue home care for hours per day, three days per week (hours #72) is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization or to provide longer term nursing care and supportive services for those whose condition is such that they would otherwise require inpatient care. Home healthcare is the provision of medical and other health care services to the injured party at their place of residence. These services include both medical and nonmedical services for patients who are confined to the home and who require: skilled care by a licensed medical professional; and or personal care services for health-related tasks such as bowel and bladder care feeding, bathing etc. Domestic services such as shopping, cleaning and laundry that the individual is no longer capable of performing due to illness or injury may be medically necessary. Justification for medical necessity of home health services required documentation of the medical condition including objective deficits; expected kinds of services with an estimate of the duration and frequency; the level of expertise and professional qualification or licensure; etc. In this case, the injured worker's working diagnoses are carpal tunnel release; and flexor tenosynovectomy. There is no documentation the injured worker is homebound. Home care services are appropriate when an injured worker is homebound and requires either skilled nursing care or personal care services. There is no documentation indicating the injured worker is homebound, and as a result, home care services are not medically necessary. Consequently, absent clinical documentation of the injured worker with a homebound status, continue home care for hours per day, three days per week (hours #72) is not medically necessary.