

Case Number:	CM13-0001467		
Date Assigned:	03/12/2014	Date of Injury:	11/19/2011
Decision Date:	05/07/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/15/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] Corporation employee who has filed a claim for right shoulder, bilateral hand, and low back pain reportedly associated with an industrial injury of November 9, 2011. Thus far, the applicant has been treated with analgesic medications, attorney representation, unspecified amounts of acupuncture, transfer of care to and from various providers in various specialties, unspecified amounts of physical therapy, manipulative therapy, and acupuncture and shoulder arthroscopy on March 26, 2013. In a utilization review report of July 3, 2013, the claims administrator denied a request for home health services. The applicant's attorney subsequently appealed. In an appeal letter dated June 17, 2013, the attending provider stated that the applicant needed the home health services to facilitate performance of housework, mopping, vacuuming, dusting, making the bed, cleaning the bathroom, and sweeping following her shoulder surgery of March 26, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR HOME HEALTH CARE 90 VISITS OVER 3 MONTHS FOR DATES OF SERVICE: 3/26/13 THROUGH 6/24/13 FOR THE RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, the home health services being sought here, specifically homemaker services including mopping, cleaning, dusting, sweeping, vacuuming, etc. are specifically not covered when this is the only service being sought. In this case, there is no evidence that the applicant is/was receiving concurrent medical services such as wound care, dressing changes, IV antibiotic delivery, etc. Therefore, the request is not certified, on independent medical review.