

Case Number:	CM13-0007720		
Date Assigned:	11/01/2013	Date of Injury:	06/29/2011
Decision Date:	02/03/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 claimant is a 55-year-old female who was injured in a work related accident on June 29, 2011. The clinical records for review in this case include an operative report of July 10, 2013, indicating the claimant underwent surgery to the right shoulder by [REDACTED] in the form of an arthroscopic rotator cuff repair with subacromial decompression, distal clavicle excision and debridement. Postoperative records for review include documentation of postoperative chiropractic care and therapeutic services through September of 2013. Postoperative clinical records from the treating physician are not documented. In the postoperative setting, there was a request for home health care, 16 hours a day, 7 days a week for 1 week followed by 8 hours a day 7 days a week for 1 week, then 4 hours a day 7 days a week for 4 weeks for a total of 6 weeks of home health services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care for 16 hours a day for 7 days, 8 hours a day for 7 days, 4 hours a day for 7 days: 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: The Physician Reviewer's decision rationale: Based on California MTUS Chronic Pain Guidelines, home health services are only recommended for individuals that are home bound on an intermittent basis for no more than 35 hours per week. In this case the arthroscopic procedure that was undertaken would not render the employee housebound and as such guideline criteria would not be satisfied. The request for Home Health Care for 16 hours a day for 7 days followed by 8 hours a day for 7 days, 4 hours a day for 7 days, are not medically necessary and appropriate.