

Case Number:	CM13-0011830		
Date Assigned:	11/08/2013	Date of Injury:	11/08/2011
Decision Date:	05/07/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/15/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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:

This patient is 54-year-old female with date of injury 11/08/2011. According to the treating physician's report 08/02/2013, the listed diagnoses include status post right knee scope, debridement of rotator tear, C-spine C3 to C6 strain/thyroid lesion, right wrist something. This report is handwritten and is very difficult to read. It states that the patient is 2 weeks post right something scope according to [REDACTED]. The treating physician, [REDACTED], has issued a request for home care assistance dated 07/16/2013. This report states that the patient is scheduled to undergo arthroscopic surgery of the right shoulder on 08/07/2013. The patient is right-hand dominant and remained very limited with her dominant extremity as a result of her right shoulder condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CARE ASSISTANCE POST OPERATIVELY AT 4 HOURS PER DAY, 3 DAYS A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

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

Decision rationale: This employee presents with chronic right shoulder pain. The employee underwent subacromial decompression via arthroscopic surgery on 08/07/2013. The treating physician has asked for home care assistance to do housework 4 hours a day 3 days a week for 6 weeks. This request was denied by utilization review letter 08/07/2013 given the lack of documentation of the employee's home status, availability of help. Unfortunately, none of the guidelines provide clear guidance regarding postoperative home care needs. The MTUS Guidelines indicate under home health services that it is recommended only for medical treatments for patients who are homebound and up to no more than 35 hours per week. Medical treatments do not include homemaker services like shopping, cleaning, and laundry. The patient may require home care assistance following surgery if the patient does not have any help, if the surgery has been extensive, requires bed rest and if recovery is prolonged. In this case, the employee had arthroscopic shoulder surgery and has full use of the other arm. There is also no documentation whether or not the employee is living alone. Furthermore, the requested 6 weeks duration for home care assistance appear excessive. Recommendation is for denial.