

Case Number:	CM13-0020510		
Date Assigned:	10/11/2013	Date of Injury:	04/27/2010
Decision Date:	01/29/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/05/2013

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 patient is a 62-year-old injured worker who reported a work injury from driving a bus. The date of the reported injury was 04/27/10. Limited range of motion was documented in notes of 07/30/13 with documentation of bilateral rotator cuff pathology and acromioclavicular degenerative changes. Ultrasound evaluations as early as March of 2011 were interpreted as revealing full thickness cuff pathology. A left shoulder arthroscopic decompression, distal clavicle resection, and rotator cuff debridement with possible repair was certified on 07/26/13. The current review focuses on a previous decision to deny home care. The medical notes outline the performance of a rotator cuff repair on 10/02/13. A postoperative note six days later suggests excellent healing without any identifiable complication as outlined by [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative home care assistance following left shoulder surgery, for six hours a day, seven days a week, for one week; then eight hours a day for seven days for one week; then four hours a day, for seven days, for four weeks: 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), Home Health Services.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." The medical records provided for review does not suggest that the patient would be disabled to such a degree after single shoulder surgery that in home assistance of any kind would be needed. The necessity for in home care after shoulder surgery has not been established through the records reviewed in this case. The request for Post-operative home care assistance following left shoulder surgery, is not medically necessary and appropriate.