

Case Number:	CM13-0021087		
Date Assigned:	10/11/2013	Date of Injury:	08/30/2000
Decision Date:	01/24/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/06/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 56-year-old male who is right-hand dominant, sustained a work-related injury to his left shoulder 8/30/2000, and underwent left shoulder arthroscopic subacromial decompression in 2004 by [REDACTED]. He developed recurrent impingement with symptomatic acromioclavicular joint degenerative joint disease and then underwent left shoulder redo subacromial decompression, Mumford procedure, and type 2 SLAP repair, 08/20/2006, by [REDACTED]. The patient did well initially, and then developed long head of the biceps tendinitis with recurrent impingement. The patient then underwent arthroscopic capsular release, long head of the biceps tenotomy and tenodesis, redo Mumford procedure, 08/12/2010, by E [REDACTED]. The patient again did well initially, but then developed recurrent anterior shoulder pain, internal rotation contracture, An MRI was obtained which demonstrated possible full-thickness rotator cuff tear of the supraspinatus tendon. The patient is for left shoulder diagnostic arthroscopy, bursoscopy and correction as indicated. Risks, benefits, complications, and alternatives were discussed at length with the patient. He was given a shoulder arthroscopy booklet, rotator cuff booklet, frozen shoulder booklet, and surgery center booklet to review. He understands and wished to precede request for home health care 3hrs/day, 7 days/week for 3 weeks. According to the 8/23/2013 evaluation by [REDACTED] the patient is currently experiencing moderate left shoulder pain during range of motion. He is also concerned about the cosmetics of his biceps. The objective findings noted in that evaluation were as follows: painful arc of motion, active abduction to 70 degrees extremely painful with an active forward flexion to 110 degrees and internal rotation of 20 degrees; painful to palpation along bicipital groove and mildly sensitive over coracoids process. The patient is scheduled for left surgery to be performed on 9/13/13 that will add

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care three (3) hours a day seven (7) days a week for three (3) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual, Chapter 7, Home Health Services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Center for Medicare and Medicaid Services, Online.

Decision rationale: According to information on CMS website, Medicare Part A (Hospital Insurance) and/or Medicare Part B (Medical Insurance) covers eligible home health services like intermittent skilled nursing care, physical therapy, speech-language pathology services, continued occupational services, and more. Usually, a home health care agency coordinates the services your doctor orders for you. Medicare doesn't pay for 24-hour-a-day care at home, meals delivered to your home, homemaker services and/or personal care. Therefore the request for Home health care (3) three hours a day, (7) seven days a week for (3) three weeks is not medically necessary.