

Case Number:	CM13-0025358		
Date Assigned:	03/26/2014	Date of Injury:	06/29/2011
Decision Date:	05/21/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/17/2013

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 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 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:

This is a 55-year-old female who was injured in a work related accident on 06/29/11. Clinical records available for review indicate the claimant underwent a 07/10/13 right shoulder rotator cuff repair procedure. Clinical follow-up report of 08/05/13 documented that the claimant presented with subjective complaints. The claimant had started a course of physical therapy utilizing a continuous passive motion machine, and the examination showed a well healed scar and no infection. Working assessment on that date was status post rotator cuff repair. Recommendations were for continuation of home healthcare assistance 16 hours a day seven days per week for a week, then eight hours per day seven days a week for a week, reduced to four hours a day seven days a week for four additional weeks for "cooking, cleaning, laundry, meal preparation, dressing, showering, and grocery shopping." Postoperative radiographs of the right shoulder were also recommended at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED HOME HEALTH CARE ASSISTANCE 16 HOURS PER DAY, 7 DAYS PER WEEK FOR 1 WEEK, THEN DECREASE TO 8 HOURS PER DAY, 7 DAYS PER WEEK FOR 1 WEEK, THEN DECREASE TO 4 HOURS PER DAY, 7 DAYS PER WEEK FOR 4 WEEKS (FOR COOKING, CLEANING, LAUNDRY, MEAL PREPARATION, DRESSING, SHOWERING, AND GROCERY SHOPPING): 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 Home Health Services Page(s): 51.

Decision rationale: The role of home health care as described would not be indicated. The request would exceed guideline criteria that would not recommend the role of home healthcare for greater than 35 hours per week for medical services. Home healthcare does not include homemaker services that would include shopping, cleaning and laundry as requested in this case. Given the nature of the surgery that was done, which in and of itself does not result in a homebound status, as well as the significant number of hours per week that would exceed guideline criteria of 35, the request for home healthcare would not be indicated.

POST-OPERATIVE X-RAY RIGHT SHOULDER: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: MTUS Guidelines indicate that imaging is appropriate "Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon)". In looking at Official Disability Guidelines criteria, plain film radiographs of the shoulder would be appropriate. The claimant is status post rotator cuff repair and the role of plain film radiographs to assess postoperative complaints given the recent surgery would be reasonable and appropriate and supported by evidence based guidelines.