

Case Number:	CM13-0026293		
Date Assigned:	11/22/2013	Date of Injury:	06/13/2012
Decision Date:	02/10/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/18/2013

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 Internal Medicine, Pulmonary Disease 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 reported on injury on 06/13/2012. The patient was diagnosed as status post left shoulder arthroscopy SAD and rotator cuff repair, left shoulder AC joint arthrosis, right shoulder full thickness rotator cuff tear, right shoulder impingement syndrome, right shoulder AC joint arthrosis, and depression. The patient was seen by [REDACTED] on 11/05/2013. Physical examination revealed positive Neer's and Hawkin's testing in the right shoulder, positive greater tuberosity tenderness, a well-healed scar in the left shoulder with greater tuberosity tenderness, AC joint tenderness and positive compression testing and limited abduction and forward flexion on the left. Treatment recommendations included surgical intervention with postoperative physical therapy and home care as well as continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

home care 2 x week, first 2 wks post-op, 7 days per week, 24 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines state home health services are 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. As per the clinical notes submitted, there is no documentation indicating that this patient will be homebound following surgery to the upper extremity. The current request also exceeds guidelines recommendations for no more than 35 hours per week. Based on the clinical information received, the request is noncertified.