MAXIMUS Federal Services

Case Number:	CM13-0029872		
Date Assigned:	11/01/2013	Date of Injury:	08/05/2011
Decision Date:	01/15/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/27/2013

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 and 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 is a 65 year old female with injury from 08/05/2011. Diagnoses from 9/13/13 report has C-spine sprain, Left shoulder impingement, left elbow lateral epicondylitis, left wrist tendinitis. Utilization review letter from 9/11/13 denied the request stating that there is no documentation that this patient will be homebound, that there is a need for assistance in the form of nursing or therapy. They modified the request to one time home health nurse evaluation to determine the need. The 8/19/13 report states that the patient is scheduled to undergo left shoulder arthroscopic surgery and during the recovery for 10-14 days, the patient will not be able to perform various household chores, and limited in terms of shopping, and will require assistance. Daughter does not live with her. The patient is not able to drive, will require transportation to doctor visits, therapy and other appointments. Request was for home care assistance 4 hours/day, 7 days per week for 2 weeks then reduced to 4 hours a day for 3 days per week for 5 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post home care assistance four (4) hours a day, seven (7) days a week for two (2) weeks then reduced to four (4) hours a day, three (3) days a week for five (5) weeks: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Recommendation is for authorization. This request is to help patient recover from shoulder surgery. The request for total of 7 weeks is a bit excessive and no guidelines for guidance. However, this is for just 4 hours per day at 3 days per week after the initial daily assistance for the first 2 weeks. The California MTUS does discuss home care for home bound patients. The treating physician explains that this is for post-operative care and recovery.