

<b>Case Number:</b>	CM13-0031749		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	12/24/2010
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 and Pain Medicine and is licensed to practice in Texas. 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 54-year-old female who reported an injury on 12/24/2010 after lifting a heavy basket, causing injury to her neck, bilateral shoulders, bilateral hands and low back. The patient underwent a right shoulder surgery and was treated postoperatively with physical therapy. The patient developed a frozen left shoulder and was treated with physical therapy. The patient's most recent physical exam findings of the cervical spine revealed limited range of motion, described as 80 degrees in flexion and 85 degrees in extension with tenderness to palpation of the paravertebral musculature. Physical findings of the left shoulder included limited range of motion described as 50 degrees in abduction, 50 degrees in forward flexion, 10 degrees in internal rotation, 10 degrees in external rotation and 30 degrees in extension. The patient's diagnoses included a cervical strain, status post bilateral shoulder surgery with poor results and stiffness and weakness of the right hand. The patient's treatment plan included an MR (magnetic resonance) arthrogram and home health care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 months of home care for the cervical spine and bilateral shoulders injuries, 6 hours per day, 7 days a week:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Evidence: BMJ Publishing Group,

Ltd.; London, England; Section: Musculoskeletal Disorders; Condition: Shoulder Pain, as well as the ACOEM Table 2, Summary of Recommendations, Chronic Pain Disorders

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** The requested 6 months of home care for the cervical spine and bilateral shoulder injuries at 6 hours per day for 7 days a week is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has significant pain complaints and significantly limited range of motion of the left shoulder. The California Medical Treatment Utilization Schedule recommends that home health services be provided to patients who are homebound on an ongoing or intermittent basis. The clinical documentation submitted for review does not provide any evidence that the patient is homebound. Additionally, the clinical documentation submitted for review does not provide any evidence that the patient cannot sufficiently provide self care or participate in activities of daily living. Also, the California Medical Treatment Utilization Schedule does not recommend home care for more than 35 hours per week. The request for 6 hours per day for 7 days a week exceeds this recommendation. As such, the requested 6 months of home care for the cervical spine and bilateral shoulder injuries at 6 hours per day for 7 days a week is not medically necessary or appropriate.