

Case Number:	CM13-0032074		
Date Assigned:	12/04/2013	Date of Injury:	06/04/2012
Decision Date:	11/12/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/07/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is a 34 year old male with a work injury dated 6/4/12. The diagnoses include cervical and thoracic spine strain; and probable cervical disc injury; cervical radicular syndrome; status post left shoulder operative arthroscopy on July 31, 2012; status post right shoulder arthrotomy on July 31, 2012; history of sternal fracture; history of left rib fracture; history of probable pneumothorax; status post left wrist surgery for a probable fracture dislocation on June 5, 2012; status post right shoulder arthroscopy with probable arthroscopic labral and rotator cuff repair in November 2013; status post left shoulder operative arthroscopy on January 28, 2014, with probable rotator cuff repair and subacromial decompression; post-traumatic degenerative joint/degenerative disc disease of the left shoulder; recurrent right rotator cuff tear with adhesive capsulitis; and degenerative joint/degenerative disc disease of the cervical spine with protrusion at C3-C4 and C5-C6-C7. Under consideration are requests for home health services for 8 hours per day, 7 days a week for 30 days and transportation to and from doctors' appointments is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. There is a 9/8/14 agreed medical evaluation that states that on examination of the cervical spine, there is tenderness to palpation over the upper, mid, and lower paravertebral and trapezius muscle. The range of motion is flexion to 30 degrees with 30 degrees right lateral bending, 20 degrees left lateral bending, 40 degrees right lateral rotation, 35 degrees left lateral rotation, and 30 degrees extension. There is increased pain with cervical motion. There is a negative Spurling, Adson, and Wright maneuver. On examination of the thoracic spine, there is tenderness to palpation over the upper, mid and lower paravertebral muscles. There is mild limitation of motion. On examination of the left rib, there is diffused tenderness to palpation without point tenderness. There is discomfort with compression of the rib cage. On examination of the sternum, there is some

tenderness to palpation over the proximal sternum with some bony deformity. There is some discomfort with compression. On examination of the right shoulder girdle, there is periscapular and trapezius tenderness with no winging. There is no tenderness and a negative Tinel's sign over the brachial plexus and thoracic outlet. On examination of the right shoulder, there is a well-healed, non-tender arthrotomy and arthroscopy incision. There is a well-healed non tender arthrotomy incision without signs of infection. There is no soft tissue swelling. There is no tenderness to palpation. There is no AC joint or bicipital tenderness and no irritability. There is a negative impingement sign, grind sign, apprehension sign, and relocation sign. There is no shoulder instability. There are no paresthesias with shoulder motion. There is grade 4/5 rotator cuff/deltoid/biceps strength. Range of motion: Flexion 150 degrees, abduction 130 degrees, extension 40 degrees, external rotation 40 degrees, internal rotation 45 degrees and adduction 30 degrees. The right shoulder has a slightly greater passive range of motion but there does appear to be some residual mild adhesive capsulitis. On examination of the left shoulder, there is no soft tissue swelling. There are well healed, non-tender arthroscopic incisions. There is no tenderness to palpation. There is no AC joint or bicipital tenderness and no irritability. There is a negative impingement sign, grind sign, apprehension sign, or relocation sign. There is no shoulder instability. There are no paresthesias with shoulder motion. There is grade 4/5 rotator cuff/deltoid/biceps strength. Range of motion: Flexion 175 degrees, abduction. On examination of the left shoulder girdle, there is periscapular and trapezius tenderness with no winging. There is no tenderness and a negative Tinel's sign over the brachial plexus and thoracic outle

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Services for 8 Hours per Day, 7 Days a Week for 30 Days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Chapter 6 and on the Official Disability Guidelines

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

Decision rationale: Home health services for 8 hours per day, 7 days a week for 30 days is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. The documentation does not indicate what medical treatment is required by home health for this patient. The request exceeds the guideline recommendations of up to 35 hours/week. The documentation is not clear that the patient is homebound. The request for home health services for 8 hours per day, 7 days a week for 30 days is not medically necessary.

Transportation To and From Doctors Appointments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Transportation to and from doctors' appointments is not medically necessary per the Official Disability Guidelines. The MTUS Guidelines do not specifically address this issue. The Official Disability Guidelines recommends transportation for medically necessary appointments in the same community for patients with disabilities preventing them from self-transport. There is no documentation that the patient is unable to transport himself via public transportation or via another person to his doctor appointments therefore the request for transportation to and from doctors' appointments is not medically necessary.