

Case Number:	CM13-0032312		
Date Assigned:	12/11/2013	Date of Injury:	09/01/2005
Decision Date:	02/10/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/07/2013

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 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 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 64-year-old female with a remote date of injury listed as 09/01/05. The patient had a previous right shoulder arthroplasty. Records indicate that she has forward elevation of 100 degrees and abduction strength of 4+/5. Radiographs characterized her replacement as a reverse shoulder arthroplasty. There is no indication that she has postoperative complications though she has stable presence of scapular notching. Home health once a month has been requested to assist with cleaning of her living quarters and bathrooms. There is no indication that the patient has dysfunction in her other upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Home Health Visit once a month to assist with cleaning living quarters and bathrooms: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation alternative guidelines

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

Decision rationale: Evidence based guidelines do not support home health care once a month to assist with cleaning. The guidelines specifically state that this type of treatment in the absence of other care requiring skilled nursing care cannot be recommended.