

Case Number:	CM13-0033676		
Date Assigned:	12/06/2013	Date of Injury:	01/13/2009
Decision Date:	02/06/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/10/2013

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 is licensed to practice in Illinois and 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 63-year-old female who reported an injury on 01/13/2009. The mechanism of injury occurred when a vehicle hit her twice while she was walking in a parking lot. Treatment has included a left total knee replacement, performed on 08/05/2013, and sacroiliac fusion performed on 06/25/2012 to include multiple fusions, diagnostics and postop physical therapy. The most recent clinical date is from 11/25/2013, in which the patient presented to the clinic for an orthopedic re-evaluation. The nature of the visit was to evaluate the patient's right shoulder after a non-contrast MRI revealed that she had a full thickness tear of the anterior fibers of the supraspinatus with tendon retraction. There was moderate fluid in a subacromial and subdeltoid bursa, likely at least in part relating to the rotator cuff tear. On the physical examination, the right shoulder showed well-healed arthroscopic portals and forward flexion and abduction to 95 degrees with pain. Exam of the patient's knee showed a well-healed anterior incision. There was tenderness to palpation in the medial compartment and lateral compartment. There was also a visible ball of inflammation along the Hoffa's fat pad. The plan of care included conservative management with icing, anti-inflammatories and aggressive physical therapy versus a revision diagnostic and operative arthroscopy with endoscopic versus partially open rotator cuff repair. Under the work status, the patient was noted to be totally and temporarily disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide, twelve (12) hours per day, seven (7) days a week for two (2) months:
Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate 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 dated 11/25/2013, noted that the patient was totally and temporarily disabled according to the physician. On the 11/07/2013 documentation, under Present Complaints, the patient reportedly had difficulty with all activities. However, it does not detail which activities this pertains to. There is no current documentation indicating that the patient is unable to perform activities of daily living. Furthermore, there is no documentation stating that the patient is homebound on a part-time or intermittent basis and in need of a home health aide at this time. Therefore, with a lack of sufficient information pertaining to the patient's current level of functional ability, the medical necessity for home health services cannot be established. As such, the requested service is non-certified.