

<b>Case Number:</b>	CM13-0034938		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/26/1997
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 & 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 a 9/23/13 injury date. Her diagnoses from the 11/19/13 report from [REDACTED] group, includes: status post ACDF; cervical disc disease; cervical radiculopathy; status post left shoulder arthroscopy. The 9/23/13 UR letter is by [REDACTED] and modifies the request for post-op home health care, 16 hours/day, 7 days a week x 1 week, then 4h/day 7 days/week for 4 weeks, then 4 hours/day for 3 days a week for 4 weeks to allow a home health nurse consultation. UR modifies the request for post-op transportation to and from doctors' appointments to allow transportation for 2-weeks post-op. The 8/23/13 report from [REDACTED]. [REDACTED] states the home health care is for an upcoming right shoulder arthroscopy by [REDACTED]. [REDACTED] notes the patient lives alone and will have difficulty finding transportation assistance to and from her medical appointments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative home health care, 16 hours/day, 7 days a week x 1 week, then 4h/day 7 days/week for 4 weeks, then 4 hours/day for 3 days a week for 4 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** According to the 8/23/13 report, [REDACTED] was requesting the home health care for an upcoming right shoulder arthroscopic surgery. The 6/10/13 report by [REDACTED] states the patient had two prior surgery on the left shoulder that were not successful, but he believes the patient is an excellent candidate for arthroscopic evaluation, distal clavicle resection and decompression and possible rotator cuff repair. MTUS guidelines for home health care states that it is 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. The medical reports do not discuss the patient being homebound on a part-time or any basis, and the request for 16 hours/day for 7 days, exceeds the 35 hour per week MTUS limit. The request is not in accordance with MTUS guidelines.

**Transportation to and from doctor's appointments following surgery:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletins Number 0218.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletins Number 0218.

**Decision rationale:** Transportation is not a medical treatment and is not discussed in MTUS guidelines. ODG mentions transportation in the knee chapter, but not the shoulder chapter. It is more of a patient's entitlement/legal issue rather than a clinical one. On a medical basis, [REDACTED] Clinical Policy Bulletins states that transportation service is not medically necessary.