

Case Number:	CM13-0040628		
Date Assigned:	12/20/2013	Date of Injury:	05/19/2008
Decision Date:	07/14/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/10/2013

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 Orthopedic Surgery, has a subspecialty in Sports Medicine, 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 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 claimant is 53-year-old with a reported injury date in 2008. The records suggested that the claimant sustained a previous right humerus fracture, sacral fracture and concussion. The claimant has a history of psychiatric issues as well as other medical issues. The records indicated an occupational medicine physician has suggested numerous diagnoses for the upper extremities though the actual status of the claimant's true orthopedic diagnoses is unclear. Previous fractures would be expected to be healed at this time and any sprains or strains would have been self limited. The nature of the claimant's current orthopedic complaints is difficult to determine apart from a suggestion that the claimant has limited right shoulder motion. A prior MRI of the left shoulder was noted to show degenerative tendinopathy of the rotator cuff with no rotator cuff tear, mild arthritis of the acromioclavicular joint was noted. The labrum was not well evaluated and it does not appear the claimant has instability or a symptomatic labral tear. Home care assistance has been requested but there is no documentation to explain the rationale for the request. There is documentation that a call to one of the treating providers noted that the request may have been made for "cleaning and ADL's (activities of daily living)."

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CARE ASSISTANCE ASSESSMENT FOR THE RIGHT UPPER EXTREMITY, RIGHT HAND, RIGHT WRIST, RIGHT ELBOW, RIGHT SHOULDER, LUMBAR SPINE, NECK, PSYCHE, BILATERAL KNEE, HEAD, AND HYPERTENSION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 511.

Decision rationale: The status of the claimant's current musculoskeletal issues is not well delineated and her functional status is unknown. The records suggest she may have some loss of right shoulder motion, but it is not clear if there is a functional loss of motion. The degree of impairment from a previous diagnosis of left shoulder impingement is also unknown. This would not be expected to be a permanent disabling diagnosis that would create a need for home care assistance. Home care assistance is not generally recommended according to the Chronic Pain Medical Treatment Guidelines for activities such as cleaning when this is the only type of care required. It does not appear the claimant is home bound or had other orthopedic or musculoskeletal limitations that would preclude the claimant from being able to accomplish daily activities according to the notes provided. There is insufficient information in the medical records provided for review to justify home care assistance on the basis of orthopedic issues noted. The request for home care assistance assessment for the right upper extremity, right hand, right wrist, right elbow, right shoulder, lumbar spine, neck, psyche, bilateral knee, head, and hypertension is not medically necessary or appropriate.