

Case Number:	CM13-0045005		
Date Assigned:	05/07/2014	Date of Injury:	10/10/2011
Decision Date:	07/09/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	10/30/2013

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 Occupational 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 patient is a 55-year-old female who has submitted a claim for other joint derangement, not elsewhere classified, shoulder region associated with an industrial injury date of October 10, 2011. The patient complains of chronic right shoulder pain and weakness. Physical examination of the right shoulder showed limitation of motion. An MRI of the right shoulder done on August 6, 2013 revealed a full thickness tear in the cuff and marked AC joint DJD with very prominent sharply marginated spurring. The diagnosis was right rotator cuff tear. The patient is scheduled for right total shoulder replacement. She is right hand dominant and wants to make sure that aftercare is in place before proceeding with the surgery. The current treatment plan includes requests for post-operative home health aid 4 hours per day for at least 3 weeks and a recliner (temporarily) for post-operative use. Treatment to date has included oral analgesics, physical therapy and work hardening program. Utilization review from October 25, 2013 denied the request for recliner (temporarily) for post-operative use because it does not meet the definition of a DME. The request for post-operative home health aid four (4) hours per day for at least 3 weeks was modified to one (1) hour per day, 3 times per week for 2 weeks. The reason for the modification of the request was because of no documentation that the patient will require dressing changes at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE HOME HEALTH AID FOUR (4) HOURS PER DAY FOR AT LEAST 3 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

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

Decision rationale: Page 51 of the CA MTUS Chronic Pain Medical Treatment Guidelines recommend home health services 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. In this case, home health care was requested because the patient will be undergoing right total shoulder replacement. She is right-hand dominant and does not live with anyone. She would be unable to cook, clean, shop or do home chores after the surgery. However, the guideline clearly states that medical treatment does not include home maker services. The medical necessity has not been established. Therefore, the request for post operative home health aid four (4) hours per day for at Least 3 weeks is not medically necessary.

RECLINER (TEMPORARILY) FOR POST OPERATIVE USE QTY: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable medical equipment (DME)X Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Therapeutic Chairs.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG recommends a durable medical equipment if there is a medical need, and if the device or system meets Medicare's definition. The term DME is defined as equipment which can withstand repeated use, i.e., could normally be rented, and used by successive patients; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in a patient's home. Aetna states that recliners are not covered by DME because they are not mainly used in the treatment of disease or injury; are not primarily medical in nature; and/or are normally of use to persons who do not have a disease or injury. In this case, there was no clear rationale as to why a recliner was being requested. The guideline and literature does not support its use because it does not meet the definition of a DME. There was no compelling rationale concerning the need for variance from the guidelines. Therefore, the request for Recliner (Temporarily) For Post Operative Use Qty: 1.00 is not medically necessary.

