

Case Number:	CM13-0045529		
Date Assigned:	12/27/2013	Date of Injury:	05/16/2013
Decision Date:	03/07/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

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 Family 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 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 57-year-old who reported injury on 05/16/2013. The mechanism of injury was stated to be the patient was caring for a 400-pound male resident for whom she had been caring for during the 4 previous days. While transferring the gentleman from the bed to the chair on a Hoyer lift, the lift broke, causing the resident's head to shift toward the headboard, and the patient was noted to abruptly hold onto the resident's head and upper back, during which time she experienced a sharp pain in her neck and left shoulder with radiation to her back. The patient was noted to have undergone physical therapy. There was noted to be a request for a left shoulder rotator cuff repair with subacromial decompression and home healthcare for 4 hours a day x4 weeks. Her diagnosis was noted to be left shoulder full thickness rotator cuff tear with retraction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care after shoulder surgery, four times per week for four weeks.: 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 Home Health Services Section, page 51. Page(s): 51.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states home health services are recommended only for patients who are homebound and who are in need of part time or "intermittent" medical treatment of up to 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. Medical documentation submitted for review failed to indicate the patient would be homebound. Additionally, there was a lack of documentation indicating the patient would need medical treatment for 4 hours a day. The request for home health care after shoulder surgery, four times per week for four weeks, is not medically necessary or appropriate.