

Case Number:	CM13-0046929		
Date Assigned:	05/21/2014	Date of Injury:	03/03/1998
Decision Date:	07/11/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Minnesota. 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 injured worker is a 74-year-old male who reported an injury on 03/03/1998. The mechanism of injury was not stated. The current diagnosis is status post right shoulder rotator cuff repair and subacromial decompression performed in 12/1998. The injured worker was evaluated on 04/30/2014. Physical examination of the right shoulder revealed increased tenderness to palpation, crepitus, positive impingement testing, positive cross-arm testing, limited range of motion, and 4/5 muscle weakness in all planes. Treatment recommendations at that time included postoperative home care at a frequency of 8 hours per day, 7 days per week for 1 week, followed by 4 hours per day, 7 days per week for 4 weeks. It is noted that the injured worker was previously authorized to undergo a right shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE HOME CARE 8 HOURS PER DAY, 7 DAYS PER WEEK FOR 1 WEEK, THEN 4 HOURS PER DAY, 7 DAYS PER WEEK FOR 4 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 Page(s): 51.

Decision rationale: The California MTUS Guidelines state 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. As per the documentation submitted, the injured worker is pending a right shoulder arthroscopy. However, postoperative home care for 8 hours per day, 7 days per week for 1 week exceeds guideline recommendations. The specific types of services required are not listed in the request. California MTUS Guidelines further state medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.