

Case Number:	CM13-0054404		
Date Assigned:	12/30/2013	Date of Injury:	03/01/2004
Decision Date:	06/05/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/19/2013

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, Orthopedic Sports Medicine and is licensed to practice in Texas. 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 sustained an injury to his left shoulder on 03/01/04 while performing his customary work duties as a truck driver for [REDACTED]. The injured worker underwent a left rotator cuff repair with subsequent debridement on two separate occasions. The injured worker continued to have a significant amount of pain about the left shoulder with limited function. An operative note dated 10/16/13 reported that the injured worker underwent left reverse total shoulder arthroplasty with multiple tendon transfers and long head of biceps tenodesis. A progress report dated 11/11/13 reported that the patient lives by himself and is having difficulty with activities of daily living such as getting groceries, home care and driving, as his left arm was immobilized for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH SERVICES FOR THREE (3) WEEKS, DUE TO INABILITY TO DRIVE FOLLOWING LEFT SHOULDER SURGERY: Upheld

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

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

Decision rationale: The California MTUS states that 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. 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. There were no significant comorbidities identified that would support the need for assistance with home health care services. Given the clinical documentation submitted for review, medical necessity of the request for home health services for three weeks, due to inability to drive following left shoulder surgery has not been established. Therefore, the requested home health services are not medically necessary or appropriate.