MAXIMUS Federal Services

Case Number:	CM13-0054586		
Date Assigned:	12/30/2013	Date of Injury:	12/30/1996
Decision Date:	03/11/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/19/2013

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 Physician Medical and Rehabilitation has a subspecialty in Interventional Spine 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 53 year old female with date of injury 12/30/96. The listed diagnoses dated 05/25/13 are: Shoulder pain, Status post left clavicle/ scapular fracture - date unknown. According to progress report dated 05/25/13, the patient presents with recurrently sharp pain in the shoulder. She has limited use of the arm. Reports indicate increased limitations with activity and other medical problems. The physician indicates that he patient is beginning to lose the ability to do everyday tasks and there is concern about her ability to live alone. She reports to have fallen recently and was unable to get herself up again without calling emergency services. The physician is requesting a home health assessment as a cost effective way to assist the patient without averting to an assisted care facility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health assessment: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004 ACOEM Practice Guidelines, 2nd Edition (2004), page 127

Decision rationale: This patient presents with chronic shoulder pain. The patient is status post left clavicle/ scapular fracture, date is unknown. The physician is requesting a home health assessment to help with everyday tasks. Correspondence from [redacted] dated 10/13/13, notes the patient's condition has worsened steadily with age and medical problems. "She is beginning to lose the ability to do everyday tasks and there is concern about her ability to live alone. She reports she had fallen recently and was unable to get herself up again without calling emergency services." MTUS p51 on Home Health Services recommends this service for patients who are home-bound, on a part-time or "intermittent" basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry. The treating physician is increasingly concerned about this patient's ability to care for herself and apparently, the patient is living alone. Home health services assessment is medically indicated and recommendation is for authorization.