

<b>Case Number:</b>	CM13-0062387		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/29/2013
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in . 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 45-year-old male with date of injury of 04/29/2013. According to progress report dated 09/11/2013 by [REDACTED], the patient complains of right shoulder loss of motion with pain. He also reports increased low back pain with numbness and tingling to the left upper thigh. He recently had physical therapy to the lower back. He is currently taking Norco 2 times per day. He rates his pain as 6/10 without medication and 2- 3/10 with medication use. He is able to increase his activities of daily living with medication and denies experiencing nausea, constipation, or vomiting. Objective findings shows right shoulder reveals tenderness to palpation over the subacromial/acromioclavicular joint. Impingement test is positive. There is grade 4/5 muscle weakness with flexion and supination. Range of motion of the right shoulder is decreased in all ranges. EMG/NCS of the left upper extremity on 08/22/2013 demonstrates negative findings. Examination of the lumbar spine reveals tenderness over the posterior paravertebral musculature. Range of motion of the lumbar spine is measured as flexion 40 degrees, extension 10 degrees, right side bending 10 degrees, left side bending 12 degrees. There is decreased sensation over the L2 and L3 nerve root distribution on the left. Examination of the cervical spine reveals tenderness over the posterior paravertebral musculature. Range of motion of the cervical spine is decreased. The treater is requesting postop home care with transportation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative home care with transportation:** 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 Home Health Services Page(s): 51.

**Decision rationale:** This patient presents with chronic shoulder and low back pain. The physician is requesting postop home care with transportation. MTUS page 51 on Home Health Services recommends the service for patients who are home-bound on a part-time or intermittent basis. Review of reports from 05/20/2013 to 09/11/2013 does not show any recent operative reports or a report describing the patient's need for home-care. The patient's surgical status is not known either. Given the lack of documentation demonstrating a specific need for home care, the request cannot be recommended for authorization. A short duration of home care may be needed if, indeed, surgery of the shoulder is begin performed depending on the patient's home situation. However, there is no indication that surgery is taking place. Recommendation is for denial.