MAXIMUS Federal Services

Case Number:	CM13-0064147		
Date Assigned:	01/03/2014	Date of Injury:	02/26/2002
Decision Date:	04/25/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/11/2013

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 and is licensed to practice in Pennsylvania. 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 claimant is a 54-year-old male with a reported injury date of 2/26/02. The records suggest multiple diagnoses including bilateral shoulder strain, right acromioclavicular arthritis, bilateral rotator cuff tears, previous sprain/strain of the cervical spine, axillary neuropathy, and carpal tunnel syndrome. The claimant underwent right shoulder surgery in October 2013. The surgery involved an arthroscopic subacromial decompression with distal clavicle resection, with debridement of the labrum and rotator cuff. No rotator cuff repair was necessary for the low-grade partial thickness rotator cuff tear. Postoperatively, in November 2013, the claimant reported pain and stiffness in the shoulder with elevation to 125 degrees. Continued exercises, medications and home health assistance were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Weeks of Home Health Care Assistance (4 hours/day for 5 days/week for2 weeks then 4 hours/day for 3 days//week for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Complaints; Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The current request for home health services cannot be recommended as medically necessary. California MTUS Chronic Pain Guidelines do not recommend home health services except for medical treatment for patients who are homebound. There is no documentation in the records provided for review to indicate that this claimant is truly homebound. There is no clear shoulder diagnosis that would cause sufficient dysfunction for the claimant to be homebound. The claimant has a functional degree of elevation. There are no apparent medical services that would be required at this point after the claimant's right shoulder arthroscopic procedure. Home health services, according to the Chronic Pain Guidelines, do not allow for homemaker services when medical treatment is not required otherwise. There is no indication from the records reviewed that the claimant requires either at this point in the post-operative setting after the right shoulder arthroscopy. Overall, the records fail to indicate the medical necessity of the requested home health services according to the information reviewed.