

Case Number:	CM13-0069748		
Date Assigned:	01/03/2014	Date of Injury:	12/14/2002
Decision Date:	04/23/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/23/2013

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 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 patient is a 62-year-old male who reported an injury on 12/14/2002. The patient's diagnosis is rotator cuff syndrome of the shoulder and allied disorders. The mechanism of injury was that the patient was leaning against a chair when the chair suddenly slipped out from under him, and the patient fell, landing on his back and striking his left elbow. The documentation of 12/03/2013 revealed that the patient had complaints of right shoulder pain with radiation to the entire right upper extremity, including numbness of the 3rd and 4th digits of the right hand. The patient indicated that the shoulder pain was getting worse and wished to pursue surgery if home health care assistance could be provided. Objectively, the examination revealed tenderness to palpation over the supraspinatus tendon, musculoligamentous and musculotendinous junction, subacromial region and acromioclavicular joint. There was subacromial crepitus with active range of motion. The examination of the left shoulder revealed tenderness to palpation over the biceps tendon, supraspinatus tendon and subacromial region. Active range of motion was decreased. The cross arm and impingement tests were positive. The patient's diagnoses were a bilateral shoulder sprain/strain; impingement; tendonitis; acromioclavicular joint osteoarthritis; tendinosis of the supraspinatus tendon and infraspinatus tendon; and impingement per the MRI dated 09/05/2012. The request was made for a surgical consultation and 520 hours of home health care assistance as the patient lived alone and had multiple other medical conditions and was more than 60 years of age.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGICAL CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS 2009 Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: Per ACOEM Guidelines, a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitations for more than 4 months plus the existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus the existence of a surgical lesion and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The clinical documentation submitted for review failed to provide the official MRI results. There was a lack of documentation indicating that the patient had a failure to increase range of motion and strength of the musculature around the shoulder, even after exercise programs. Additionally, the request as submitted failed to indicate the part of the body for the surgical consult. Given the above, the request for a surgical consult is not medically necessary.

HEALTH CARE ASSISTANCE (IN HOURS) QTY: 520.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS 2009-Chronic Pain Medical Treatment Guidelines, 51

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

Decision rationale: The California MTUS Guidelines indicate that home health services are recommended for patients who are homebound and who are in need of part-time or intermittent medical treatment of up to 35 hours per week. Medical treatment does not include homemaker services or personal care given by home health aides. The clinical documentation submitted for review indicated that the patient lived alone and would require home health care assistance. There was a lack of documentation indicating that the patient would have a necessity for medical treatment and that the patient would be homebound. Given the above, the request for home health care assistance in hours (Quantity: 520.00) is not medically necessary.