

Case Number:	CM14-0001159		
Date Assigned:	01/22/2014	Date of Injury:	09/08/1998
Decision Date:	04/07/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/03/2014

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 71-year-old woman with a date of injury of September 8, 1998. An orthopedic reevaluation from August 28, 2013 notes that her shoulder issue is not clinically different from what had been established prior to their May 4, 2005 assessment. Additionally, further MRI testing of the right shoulder was not felt to be likely to yield any additional information. She was seen by her orthopedic physician on November 7, 2013 for complaints of bilateral shoulder pain, right hip and foot pain and bilateral elbow pain, bilateral knee pain and bilateral hand numbness and tingling. Her shoulder pain was aggravated by carrying, pushing and reaching and relieved with rest and creams. The pain was said to be interfering functionally. Her physical exam shows she has good grooming and personal hygiene and is alert and oriented. Radiographs of multiple joints were reviewed, including her right shoulder, which showed changes compatible with acromioplasty, acromioclavicular (AC) joint degenerative joint disease (DJD) and AC joint spurring. Her diagnoses included arthritis shoulder -right AC joint, impingement syndrome bilateral, cubital tunnel syndrome bilateral, carpal tunnel syndrome bilateral, Kienbock bilateral, right achilles tendinitis, right hip bursitis and bilateral pes planus acquired. She is status post MRI of the right shoulder on April 21, 2010 showing AC arthrosis and some fraying of the rotator cuff with partial tearing. At issue in this review is the request for a right shoulder MRI and home health services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Services, four (4) hours per day, three (3) times a week for three (3) months:
Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, 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. This injured worker has chronic pain in multiple joints. The records document that she is well groomed and has appropriate hygiene upon exam. The records do not clearly delineate why she requires such services. The records do not substantiate that she is homebound. The records do not support the medical necessity for home health services. Therefore, the request is non-certified.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224.

Decision rationale: According to the California MTUS/ACOEM Guidelines, the criteria of ordering imaging studies include the emergence of a red flag, physiological evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program (to avoid surgery) or clarification of the anatomy prior to an invasive procedure. The records do not document a physical exam and there are no red flags or indications for immediate referral or imaging. Based on the documentation provided and the California MTUS guidelines, an MRI of the right shoulder is not medically indicated.