

Case Number:	CM14-0008800		
Date Assigned:	02/12/2014	Date of Injury:	12/08/2011
Decision Date:	06/25/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/22/2014

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 Neurological Surgery, 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 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 injured worker is a 61-year-old female who was injured on December 8, 2011. The injury occurred when the injured worker's chair was pulled out and the injured worker fell and struck the ground. The injured worker has been diagnosed with Shoulder Impingement Syndrome. The most recent progress note, dated April 5, 2014, indicates that the injured worker has yet to undergo operative intervention for the shoulder. Additionally, the clinician recommends home healthcare twice weekly for four hours each day for three months and increasing physical therapy following the operative intervention. This therapy was recommended by an evaluating nurse. The notes from this evaluation are not included in the documentation. The examination on the April 5th visit notes tenderness over the anterior aspect of both shoulders and diminished range of motion. Full muscle strength is noted, but grasp is noted to be slightly weakened on the right when compared to the left. The reviewer indicates that the injured worker is having difficulty caring for her elderly mother who is unable to help in any way.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE HOME HEALTHCARE (DAYS) QTY: 14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , , 51

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

Decision rationale: The California Medical Treatment Utilization Schedule (CA MTUS) guidelines recommend home health services only for otherwise recommended medical treatment for individuals who are homebound on a part-time or intermittent basis, no more than 35 hours per week. The CA MTUS goes on to note that 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. Based on the clinical documentation provided, the injured worker has right shoulder impingement for which home health is being recommended. However, on the most recent examination of the injured worker, diminished range of motion was noted, but the loss of shoulder motion was marginal. The injured worker was still able to bring the arm overhead. With regards to postoperative home health services, the injured worker has been diagnosed with shoulder impingement. The provider did not specify the proposed surgical procedure or what medical treatment is required for this individual in-home. Therefore, the requested services are not medically necessary.