

Case Number:	CM14-0104517		
Date Assigned:	07/30/2014	Date of Injury:	04/24/2012
Decision Date:	08/29/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/07/2014

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 Orthopedic 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 39 year-old female that sustained an industrial injury on 04/24/2012. The mechanism of injury was not documented. On 05/16/2012 MRI of the right shoulder showed a partial thickness tear of the supraspinatus tendon, although full thickness tear could not be entirely excluded. The 07/14/2012 MRI arthrogram impression documented moderate-grade intrasubstance partial tear of the supraspinatus tendon without a full thickness component. Records indicated that surgery was initially authorized on 10/30/2012 but delayed as the patient was pregnant. On 05/14/2014 the treating physician report indicated that the patient was ready to proceed with surgery as she was now 8 months post-partum. A provision for home health care and childcare would be to be provided. The patient was certified on 06/23/2014 for a right shoulder arthroscopy with subacromial decompression, Mumford procedure, and rotator cuff repair or debridement. Outpatient physical therapy was also certified for 12 visits. On 06/23/2014, utilization review denied the request for post-op home care and child care as there was no indication the patient was home bound and this did not include medical services. The request for pre-op medical clearance was modified to include complete blood count and basic metabolic panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op home care: 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 care services Page(s): 51. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence, Medicare Benefits Manual, Chapter 7, Home Health Services; section 50.2 (Home Health Aide Services).

Decision rationale: The MTUS recommends home health services for patients who are homebound, on a part time or intermittent basis. 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. Medicare provides specific patient selection criteria for in home services, including the individual is confined to the home and the service must be prescribed and periodically reviewed by the attending physician. Additionally, the individual must be in need of skilled nursing care on an intermittent basis, or physical therapy or speech-language pathology; or have a continuing need for occupational therapy. Guideline criteria have not been met. There is no evidence that the patient is homebound. There is no evidence or physician recommendation evidencing the need for intermittent skilled nursing care or physical therapy in the home environment. Outpatient physical therapy has been requested and certified. Therefore, this request for post-op home care is not medically necessary.

Post-op child care: 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 care services Page(s): 51.

Decision rationale: The MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. 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. There is no evidence based medical guidelines to support relative to child care services. This is not a medical service and would not typically be a utilization review issue. Therefore, this request for post-op child care cannot be established and is considered not medically necessary.

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelines (ODG), Pre-operative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence, Institute for Clinical Systems Improvement (ICSI), Preoperative evaluation, Institute for Clinical Systems Improvement (ICSI), page 40.

Decision rationale: The MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. The 06/23/2014 utilization review modified the request for pre-op medical clearance and approved a CBC (complete blood count) and BMP (basic metabolic panel). There is no compelling reason to support the medical necessity of additional pre-operative medical clearance for this patient. Therefore, this request for pre-op medical clearance is not medically necessary.