

Case Number:	CM14-0109481		
Date Assigned:	08/01/2014	Date of Injury:	05/16/2005
Decision Date:	09/17/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine & Rehabilitation, 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 70-year-old female who reported an injury on 04/01/2005 through 05/16/2005. The mechanism of injury is from repetitive movement. Her diagnoses included complete left rotator cuff tear status post posterior spinal fusion L3 to S1. Surgical history included right shoulder on 09/11/2005, lumbar fusion on 03/16/2010, shoulder repair on 03/25/2013. There was a recurrent tear in 07/2013. And left shoulder surgery repair on 02/03/2014. The injured worker was receiving home health service. She was seen on 03/2014 for continued pain to her shoulders and back. Her current medications are lisinopril, diroxipom XL, calcium, gabapentin, hydrocodone, Bayer aspirin 500 mg, Tylenol PM, fish oil, vitamin B-12, and B complex. Upon exam of the right shoulder, there was tenderness to palpation over the anterior and lateral aspects of the shoulder. There was a positive Neer's and Hawkins sign. Abduction, extension, and flexion were limited. Upon exam of the left shoulder, there was tenderness to the left upper trapezoid. There was a positive Hawkins and Neer's test. The patient experienced limited flexion, abduction, and extension. Upon examination of the lumbar spine, there was tenderness to palpation over the posterior superior iliac spine bilaterally. The patient experienced limited flexion and extension. The patient used a cane to assist in ambulation. The plan is request for additional home health care due to the patient's authorized home health care ending on 03/11/2014. The request is for an additional HHA (Home Health Aid) services for 3-4 hours/day, 5 days/week for 4 weeks. The Request for Authorization was dated 03/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional HHA (Home Health Aid) services for 3-4 hours/day, 5 days/week for 4 weeks:
Upheld

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

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

Decision rationale: The request for Additional HHA (Home Health Aid) services for 3-4 hours/day, 5 days/week for 4 weeks is non-certified. The injured worker has a history of shoulder, neck, and back pain. The CA MTUS guidelines recommend home health services only for otherwise recommended medical treatment for patients who are home-bound, 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. There is a lack of clinical information indicating the injured worker's medical necessity for a home health services. Also, per the guidelines homemaking services like shopping and cleaning are not included as medical treatments (to include bathing, dressing, and using the bathroom). Furthermore, the request for home health care services for eight hours per day times seven days a week exceeds the recommended guidelines of 35 hours per week. Thus, the request is non-certified. There is no documentation to warrant medical necessity for a home health aide at this time. There is a lack of documentation as to the patient being home bound. As such, the request for Additional HHA (Home Health Aid) services for 3-4 hours/day, 5 days/week for 4 weeks is not medically necessary.