

<b>Case Number:</b>	CM14-0010205		
<b>Date Assigned:</b>	05/19/2014	<b>Date of Injury:</b>	06/26/2010
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Occupational Medicine 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 patient is a 67-year-old female who has submitted a claim for persistent pain in the right shoulder, post right rotator cuff tear, post biceps tenodesis associated with an industrial injury date of June 26, 2010. The medical records from 2013 were reviewed. The patient complained of persistent pain on the right shoulder. She has a history of a right rotator cuff tear and two attempts to repair the cuff but the cuff tore following the repairs at both times. She also had a biceps tenodesis. There was pain on both posterior laterally and anteriorly in the right shoulder. She has had help cleaning her house provided by workers compensation but it was no longer being provided and now her right shoulder pain is worse because she needs to clean her house by herself without assistance. Physical examination showed painful range of motion of the right shoulder. Tenderness was noted over the anterior right shoulder. MRI of the right shoulder, dated October 24, 2012, revealed interval surgery of the rotator cuff, fluid noted in the subacromial subdeltoid bursa, suggestion of full thickness tear of the supraspinatus tendon with retraction and atrophy of the supraspinatus muscle, and small focal full thickness tear of the anterior portion of the infraspinatus tendon with atrophy and retraction of the infraspinatus muscle; long head of the biceps tendon is not visualized probably retracted due to tear, and probable chronic partial tear of the subscapularis tendon; and significant rotator cuff tear is considered likely because of high position of the humeral head and non-visualization of the supraspinatus tendon and part of the infraspinatus tendon. Official report of the imaging study was not available. Treatment to date has included medications, physical therapy, chiropractic care, TENS unit, home exercise program, activity modification, and right shoulder arthroscopic surgery. Utilization review, dated December 17, 2013, denied the request for MRI of the right shoulder because the documentation did not indicate that the patient's symptoms had become progressive or altered since the previous

examination; and denied the request for help with home cleaning because the guidelines specifically recommend against using the service for custodial care.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI of the Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, MRI.

**Decision rationale:** As stated on pages 208, 209 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, Official Disability Guidelines states that the criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. In this case, MRI of the right shoulder was requested to evaluate the biceps tendon repair because of the complaints of a persistent pain over the anterior right shoulder. An MRI of the right shoulder done last October 24, 2012 revealed significant rotator cuff tear. However, recent progress report dated December 3, 2013 showed that there were no exacerbations of symptoms or worsening of objective findings. Moreover, there was no comprehensive physical examination presented detailing motor exam, sensory, reflexes, and provocative testing. The medical necessity for a repeat MRI was not established. Therefore, the request for MRI of the Right Shoulder is not medically necessary.

**Help with Home Cleaning:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** According to page 51 of the CA MTUS Chronic Pain Medical Treatment 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. In this case, the patient has had help cleaning her house provided by workers compensation but is no longer being provided. Her shoulder pain became worse at present because she needs to clean her house without

assistance. However, guidelines do not regard the requested home cleaning as part of medical treatment. Records also do not provide documentation of the patient's current abilities, physical and functional status as well as functional restrictions. Moreover, the present request did not specify the frequency and duration of visits for home cleaning. The medical necessity has not been established. Therefore, the request for Help with Home Cleaning is not medically necessary.