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| Case Number: | CM14-0013367 | | |
| Date Assigned: | 06/02/2014 | Date of Injury: | 08/25/2010 |
| Decision Date: | 08/04/2014 | UR Denial Date: | 01/23/2014 |
| Priority: | Standard | Application Received: | 02/03/2014 |

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 and 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 64-year-old male who reported an injury on 8/25/10; the worker was injured while unplugging a vacuum and felt a sharp pain. The injured worker had a history of right shoulder pain and right knee pain. The diagnoses included status post right shoulder revision of arthropathy for rotator cuff tear and tear arthropathy, and osteoarthritis of the right knee ght knee pain. Per the clinical note dated 3/20/14, the objective findings revealed right shoulder incision was well healed, with flexion of 120 degrees, abduction of 100 degrees, and external rotation of 30 degrees. The note also indicated that the injured worker had excellent strength to the right shoulder with a 5-/5 strength. The neurovascular to the extremity was intact. The objective findings of the right knee revealed soft tissue swelling and diffuse tenderness and crepitation with range of motion at 0 to 120 degrees and excellent neurovascular to that extremity. The past treatment included 24 visits of physical therapy, which included an ice pack and eletrical stimulation. There was no pain scale given. The treatment plan included authorization for the right knee orthosis, home health physical therapy, and a home health evaluation and safety check.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health physical therapy: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend home health 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, or personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The injured worker completed 12 sessions of physical therapy. Per the notes dated 4/15/14 the injured worker changed medication and was feeling better. There was no documentation after the 12 sessions of physical therapy to indicate that the injured worker re-injured himself. The injured worker's right shoulder has completely healed, with no complaints from the injured worker documented within the submitted medical records. The documentation did not indicate that the injured worker could not provide care for himself. The injured worker had the assistance of a cane, however, he is still able to ambulate. The request for home health physical therapy did not indicate the frequency, duration, or number of sessions being requested. The request also did not address specific location of injury that the injured worker needed home health therapy. As such, the request is not medically necessary.

Home health evaluation and safety check: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend home health 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, or personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The individual had a fall in the middle of the night after a bad dream. However, the documentation did not indicate this was a recurring event and that safety was a concern in regards to the injured worker's physical or environmental issues. As such, the request is not medically necessary.