

Case Number:	CM14-0114999		
Date Assigned:	08/04/2014	Date of Injury:	10/30/2013
Decision Date:	09/10/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/22/2014

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 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:

This is a 50-year-old gentleman who injured his right shoulder in a work-related accident on October 30, 2013. The records available for review indicate that the claimant is status post a shoulder arthroscopy and subacromial decompression on July 11, 2014. The current request related to the surgery in question is for home health care assistance four hours a day for three weeks. The records do not document any underlying comorbidities or indication of a homebound status for this claimant who underwent the outpatient shoulder arthroscopic procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health 4 hours per day x 3 weeks due to postop right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 91, 206, Chronic Pain Treatment Guidelines Home Health Services.

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Home Health Services. Page 51. The Expert Reviewer's decision rationale: Based on California MTUS Chronic Pain Guidelines, "Home Health Care assistance for four hours per day for three weeks is not recommended as medically necessary." The nature of

the surgery would not require the claimant to be home bound postoperatively for three weeks. There is no documentation that the claimant has any comorbidities or other health-related problems that would require him to remain home bound for the period of time requested. Therefore, the request for home health care assistance is not medically necessary based on the documentation provided and the surgery performed.