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| Case Number: | CM14-0154861 | | |
| Date Assigned: | 09/24/2014 | Date of Injury: | 06/14/2012 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 09/04/2014 |
| Priority: | Standard | Application Received: | 09/22/2014 |

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:

The claimant is a 46-year-old gentleman who sustained an injury to his bilateral shoulders in a work-related accident on 6/14/12. The clinical records provided for review included the 08/23/14 progress report noting continued right shoulder pain. Physical examination showed restricted range of motion, positive Hawkins and Neer testing and positive impingement signs bilaterally. The report documented that the claimant required bilateral shoulder rotator cuff repair based on his imaging studies; first surgery for the right shoulder then the left. The clinical records document that right shoulder rotator cuff repair has been authorized. This review is for a request for 84 sessions of home health care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care (hours) QTY 84: Upheld

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

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

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the request for home health care for 84 hours cannot be supported as medically necessary. The medical records

document that the claimant has been authorized to undergo shoulder surgery to include an arthroscopy and rotator cuff repair. The arthroscopy of the shoulder for rotator cuff repair would not require the claimant to be homebound on a part-time or intermittent basis at any time in the postoperative period. There is no documentation within the records to explain why this claimant would be considered homebound after surgery or what treatment would be needed. The medical records do not support that this claimant will require home care assessment or treatment for 84 hours.