

Case Number:	CM14-0157763		
Date Assigned:	10/01/2014	Date of Injury:	03/22/2001
Decision Date:	10/29/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/25/2014

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:

Patient is a 77 year-old female with date of injury 03/22/2001. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/26/2014, lists subjective complaints as left shoulder pain. Objective findings: No physical examination was performed or documented in the PR-2 supplied for review. Diagnosis: 1. Left shoulder glenohumeral degenerative joint disease 2. Possible left shoulder rotator cuff tear 3. Status post left first CMC hemiarthroplasty with a history of loosening of the implant 4. Status post left carpal tunnel release 5. Healed right inferior pole patella fracture 6. Cervical degenerative joint disease, status post fusion 7. Right carpal tunnel syndrome 8. Right fist CMC degenerative joint disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care assistant for one (1) month- 80 hours; determination date 9/15/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Home Health Services

Decision rationale: The Official Disability Guidelines recommend home health services only for recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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. The medical record does not contain documentation that the patient requires medical services to be provided at the home. Home health services are not medically necessary.