

Case Number:	CM14-0176524		
Date Assigned:	10/30/2014	Date of Injury:	12/12/2012
Decision Date:	12/05/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/25/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 44-year-old female who was involved in a motor vehicle accident December 12, 2012. She suffered a left shoulder injury. She also has right shoulder pain. The patient has had conservative management to include 20 visits of physical therapy, home cryotherapy and various anti-inflammatory and analgesic medications. MRI scan of the left shoulder shows acromioclavicular (a.c.) osteoarthritis but no rotator cuff tear. On physical examination the patient reports a very painful range of motion. The patient has slightly restricted range of motion. There is tenderness to palpation of the a.c. joint. There is no evidence of instability on physical examination. The patient is noted to be neurovascularly intact in the upper extremities. The patient has been indicated for shoulder surgery. At issue is whether a home health care is medically necessary after the surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Postoperative home health care assistance 4 hours per day, 2 days per week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev.144, 05-06-11), Chapter 7-Home Health Services; Section 50.2 (Home Health Aide Services)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: MTUS guidelines do not support the need for home health care in this patient's case. Specifically, the medical records do not document that the patient is homebound and incapacitated. There is no documentation that the patient can perform activities of daily living in a shoulder sling after surgery. Criteria for home health care not met. Documentation medical chart does not support the need for home health care. Therefore, the request is not medically necessary.