

Case Number:	CM14-0178997		
Date Assigned:	11/03/2014	Date of Injury:	03/17/1995
Decision Date:	12/08/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/28/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 57-year-old with a reported date of injury of 03/17/1995. The injured worker has the diagnosis of shoulder pain in status post multiple shoulder surgeries. Per the most recent progress notes provided for review from the requesting physician dated 10/24/2014, the injured worker had complaints of significant decline in function and increased pain over the last 6 months. The injured worker had undergone reconstruction of the right proximal humerus with repeat autograft and free flaps done for anterior deltoid loss. There is also skin breakdown around the right acromion due to shoulder instability and the number of reconstructions. The physical exam noted decreased sensation on the right median nerve distribution and decreased strength on the right in finger flexion, biceps and triceps strength. Treatment plan recommendations included planned shoulder reconstructive surgery involving both the bone and joint and soft tissue. The injured worker needs home health care 4 hours a day for 7 days a week to assist with activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care x continuation, 3 hours per day 7 days a week for 6 weeks: 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: The California chronic pain medical treatment guideline section on home health services states: Home Health Services-Recommended only for otherwise recommended medical treatment for patients, who are homebound, 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, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The California MTUS does recommend home health services for patients who are home bound on a part time basis. However the services do not include homemaker services and personal care. The services requested are imply for assistance with activities of daily living which is not specifically defined. In the absence of such detail, compliance with guideline recommendations cannot be verified and therefore the request is not medically necessary.