

Case Number:	CM14-0021681		
Date Assigned:	06/11/2014	Date of Injury:	12/16/2003
Decision Date:	07/14/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/20/2014

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 Texas. 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 female whose date of injury is 12/16/2003. The mechanism of injury is described as a slip and fall. Progress report dated 12/09/13 indicates that the injured worker complains of right shoulder pain. The injured worker has been going to physical therapy. The injured worker is noted to be status post prior rotator cuff repair on 06/25/13. Impression is right shoulder rotator cuff tear status post repair, impingement, and biceps tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AID FOUR (4) HOURS A DAY FOR FIVE (5) DAYS FOR FOUR (4) WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the clinical information provided, the request for home health aide four hours a day for five days for four weeks is not recommended as medically necessary. CA MTUS guidelines support home health services for injured workers who are homebound on a part-time or intermittent basis. The submitted records fail to establish that this injured worker is

homebound on a part-time or intermittent basis. There is no current, detailed physical examination submitted for review. The medical treatment to be provided to the injured worker is not specified.