MAXIMUS Federal Services

Case Number:	CM14-0023030		
Date Assigned:	05/14/2014	Date of Injury:	11/28/2002
Decision Date:	07/10/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/24/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 28, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and consultation with an orthopedic shoulder surgeon, who has endorsed pursuit of a shoulder surgery. In a Utilization Review Report dated February 4, 2014, the claims administrator approved a shoulder x-ray, denied home health services, and denied 12 sessions of postoperative physical therapy. The claims administrator stated that the applicant had apparently undergone shoulder surgery on December 19, 2013. The claims administrator seemingly stated, very circuitously, that the applicant had not yet completed previously authorized postoperative physical therapy before authorization for additional postoperative physical therapy treatment was sought. A progress note dated March 25, 2014 was notable for comments that the applicant was three months removed from earlier shoulder surgery. The applicant was placed off of work, on total temporary disability. Additional 12 sessions of physical therapy was sought at this time. On February 11, 2014, the applicant was described as doing better in terms of using the arm for activities of daily living but was again placed off of work, on total temporary disability. The applicant had approximately 90 degrees of active shoulder flexion. It appears that home health care was sought through an earlier request for authorization form of January 22, 2014 and a progress note of December 31, 2013, at which point the attending provider stated that a home health caregiver be furnished to help the applicant perform activities of daily living including cooking, laundry, and cleaning. It was stated that the applicant should begin 12 sessions of physical therapy twice weekly for each of six weeks. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH SERVICES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 9th Editions, Web 2011.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines suggests that home health services such as cooking, cleaning, and assistance with activities of daily living are specifically not covered when this is the only service being sought. In this case, there is no evidence that the applicant is receiving any other medical services through home health other than the proposed activities of daily living assistance. Therefore, the request is not medically necessary.

POST-OP PHYSICAL THERAPY (2X6): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 9th Editions, Web 2011.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: In its Utilization Review Report of February 4, 2014, the claims administrator cited a clinical progress note of December 31, 2013. On that date, the attending provider stated that he was seeking authorization for postoperative physical therapy for the first time. As noted in the California MTUS 9792.24.3, a general course of 24 sessions of postoperative physical therapy treatment is recommended following the left total shoulder arthroplasty procedure which reportedly transpired on December 19, 2013. In this case, again, the applicant did not appear to have any postoperative physical therapy at the time this request was made. The request appeared to represent an initial request for postoperative physical therapy following the total shoulder arthroplasty procedure. Therefore, the request was medically necessary.