

Case Number:	CM14-0028602		
Date Assigned:	06/16/2014	Date of Injury:	06/16/2008
Decision Date:	07/24/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/06/2014

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 claimant was injured on 06/16/08. A request for PT is under appeal. PT was denied on 02/20/14. Home healthcare assistance was also requested and has been denied. The claimant saw [REDACTED] on 08/02/13 for an AME. He had an MRI of his left shoulder on 08/07/13 that showed mild distal supraspinatus tendinosis/strain. There was also a left humeral head bone contusion. There was a grade II SLAP lesion of the superior glenoid labrum. On 12/02/13, he saw [REDACTED] and left shoulder surgery was recommended. He had pain at level 5-10/10, but had a normal appearance and was well nourished. He was in no apparent distress. He had weakness of the left shoulder. He has also had psychiatric complaints and was referred to a psychiatrist. On 02/10/14, home healthcare assistance was recommended four hours a day five days per week for two weeks and then four hours per day for three days per week for four weeks. It was mentioned that his sister would provide the home care and should be compensated on an industrial basis. He underwent shoulder surgery on 02/12/14. On 02/26/14, postop chiropractic services, modalities, and exercise rehabilitation were recommended three times per week for four weeks, then two times per week for four weeks, and then once per week for four weeks. On 03/06/14, he saw [REDACTED] and required chiropractic services, rehabilitative exercise, and modalities as directed. He was using the continuous passive machine for his left shoulder. On 04/17/14, postop chiropractic services were provided. PT was recommended three times a week for four weeks, but had expired. An extension of postop PT was recommended for 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY-UNSPECIFIED DURATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OCCUPATIONAL MEDICINE PRACTICE GUIDELINES,.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The history and documentation do not objectively support the request for 12 visits of postop PT at this time. The claimant had shoulder surgery (SLAP repair?) in February 2014 and his course of postop treatment is unclear. He was referred for postop chiropractic treatment and PT and he did attend some chiropractic visits. It is not clear whether or not he has attended postop PT or how many visits he had. It is also not clear why he needed both chiropractic and PT postoperatively. Also, his current status is unknown. There was no clinical information submitted that supports the continuation of PT as recommended. There is no evidence that the claimant is unable to complete his rehab with an independent HEP. The medical necessity of this therapy has not been clearly demonstrated. The request is not medically necessary.

HOME HEALTH CARE ASSISTANCE, 4 HOURS A DAY, 5 DAYS A WEEK FOR 2 WEEKS THEN REDUCED TO 4 HOURS A DAY, 3 DAYS A WEEK FOR 4 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): 84.

Decision rationale: The history and documentation do not objectively support the request for home health services as requested (4 hours a day, 5 days a week for 2 weeks then reduced to 4 hours a day, 3 days a week for 4 weeks). The MTUS state on page 84 "home health services may be 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." There is no evidence that the claimant was homebound or needed skilled medical assistance for a prolonged period of time following his surgery. The medical necessity of these services has not been clearly demonstrated. The request is not medically necessary.