

Case Number:	CM14-0033149		
Date Assigned:	06/20/2014	Date of Injury:	06/25/2011
Decision Date:	07/18/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/17/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 53-year-old male with a date of injury of 06/25/2011. The listed diagnoses per [REDACTED] are: 1. Status post left shoulder arthroscopy performed on 11/20/2013. 2. Lumbar musculoligamentous sprain/strain and left lower extremity radiculitis. According to progress report 01/14/2014, the patient is status post right shoulder arthroscopy on 11/20/2013. The patient reports decreased range of motion and difficulty with activities of daily living with moderate to intermittent pain. He takes Norco 2.5 mg once per day. On a VAS scale, he reported pain levels of 4/10 with medication and 8/10 without medications. He reports increased ability to perform his activities of daily living including bathing, carrying, and increase in performance of home exercise program with medications. Examination revealed well-healed surgical scars on the left shoulder with no sign of infection. There was tenderness to palpation over the subacromial region, acromioclavicular joint, and supraspinatus tendon. Range of motion of the left shoulder is decreased. Treater requested "continued postoperative home care at 4 hours per day 3 days per week for 6 weeks for cooking, cleaning, and shopping." Utilization review denied the request on 02/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op Home Health Care 4 hours per day x 3 days for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

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

Decision rationale: This patient is status post left shoulder arthroscopy on 11/20/2013. The treater recommended "continued postoperative home care at 4 times per day 3 days per week for 6 weeks for cooking, cleaning, and shopping." On 12/04/2013, the patient continued with postoperative pain and soreness. He received T6 machine, Surgistim and medications, which provided decrease in pain and increase in function. On 01/14/2014, the patient reported decrease in pain and increase in ability to exercises and ADLs with medication. The MTUS page 51 has the following regarding home services, "Recommended only for otherwise recommended medical treatment for patients who are home-bound 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." In this case, physical examination of the patient does not reveal any significant functional deficits that would require a home care nurse. It was noted patient was able to perform ADLs and home exercises with medication. Furthermore, the treater does not discuss whether the patient is home-bound and with no family members that may assist the patient. Recommendation is for denial.