

Case Number:	CM14-0034585		
Date Assigned:	06/20/2014	Date of Injury:	01/20/2011
Decision Date:	07/22/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/20/2014

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 Orthopedic Surgery 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:

This 58-year-old female reported a cumulative trauma industrial injury, date of injury 1/20/11. The patient is status post right rotator cuff repair on 6/6/11. She underwent left shoulder rotator cuff repair, biceps tenodesis, and distal clavicle excision on 12/2/12. The 11/18/13 left shoulder MRI documented a recurrent full-thickness supraspinatus tear with muscle atrophy. The 1/22/14 treating physician report cited persistent severe left shoulder pain that interfered with activities of daily living. Failure of conservative treatment was documented. Physical exam findings included full pain free range of motion, 4/5 supraspinatus stress test with severe pain, 4+/5 external rotation stress test with pain, and positive impingement signs. A revision left shoulder arthroscopic rotator cuff repair surgery was recommended and subsequently approved in utilization review. A 2/14/14 request for home health assist on daily living, 4 hours per day for 6 weeks post-op was submitted by the treating physician with no clinical indications provided. The 2/20/14 utilization review denied the home health request based on an absence of guidelines support for home health services other than for medical treatment/services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health, assist on daily living, 4 hours per day for the first 6 weeks post operative:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services).

Decision rationale: Under consideration is a request for home health, assist on daily living, 4 hours per day for the first 6 weeks post-operative. The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. 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. Medicare provides specific patient selection criteria for in home services, including the individual is confined to the home and the service must be prescribed and periodically reviewed by the attending physician. Additionally, the individual must be in need of skilled nursing care on an intermittent basis, or physical therapy or speech-language pathology; or have a continuing need for occupational therapy. Guideline criteria have not been met. There is no evidence that the patient is or will be homebound. There is no evidence or physician recommendations evidencing the need for intermittent skilled nursing care or physical therapy in the home environment. Therefore, this request for home health, assist on daily living, 4 hours per day for the first 6 weeks post-operative is not medically necessary.