

Case Number:	CM14-0035545		
Date Assigned:	06/23/2014	Date of Injury:	07/17/2013
Decision Date:	07/22/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/24/2014

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 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 57-year-old female sustained an industrial injury 7/17/13. Onset of left shoulder pain was reported using a roller mouse to avoid right shoulder discomfort. Records indicated the patient was healthy and a well-controlled diabetic. The 1/14/14 left shoulder MRI documented a partial thickness rotator cuff tear and distal clavicular subcortical cyst suggestive of mild degenerative arthritis. The 2/19/14 treating physician report cited extreme left shoulder pain. A left shoulder rotator cuff repair was planned. The treatment plan indicated the patient would need a home health aide one hour per day for one week. Left shoulder arthroscopy with rotator cuff repair, biceps tenodesis, subacromial decompression, distal clavicle excision, and debridement was performed on 2/27/14. The 3/12/14 utilization review denied the request for a home health aide as there was no documentation that the patient was homebound and there was no documentation of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide 1 hour per day for 1 week for the management of post-operative left shoulder surgery: 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 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 aide, 1 hour per day for 1 week, for the management of post-operative left shoulder surgery. 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 aide, 1 hour per day for 1 week, for the management of post-operative left shoulder surgery, is not medically necessary.