MAXIMUS Federal Services

Case Number:	CM14-0036089		
Date Assigned:	06/23/2014	Date of Injury:	11/09/2011
Decision Date:	07/25/2014	UR Denial Date:	03/11/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 46 year old female who reported an injury on 11/09/2011due to unknown mechanism of injury. On 02/18/2014 and reported ongoing pain in the shoulder when reaching at or above shoulder level with popping and clicking. Weakness was also noted when reaching and with repetitive movements. The injured worker requests assistance with transportation and other activities of daily living including cooking, cleaning, washing hair and bathing. The injured worker needs someone to assist with transfers .housework, laundry, hard work and grocery shopping. The injured worker lives with a daughter, who will provide the assistance. Diagnoses include cervical spine sprain/strain with right upper extremity radiculopathy, 2 mm disc bulge at C3-C4 and mild left neuroforaminal narrowing, mild central stenosis at C4-C5 with 3mm disc bulge and left neuroforaminal narrowing ,1.5mm disc with left neuroforaminal narrowing, (b) right shoulder strain,tendinitis,bursitis with acromioclavioclavicular and glenohumeral degenerative joint disease,(c) sleep disturbance and (d) headaches. Diagnoses include abdominal pain, constipation; rule out irritable bowel syndrome, acid reflux, secondary to non-steroidal anti-inflammatory drugs; rule out ulcer/anatomical alteration, chest pain, rule out cardiac vs gastrointestinal vs anxiety, hypertension aggravated by work-related injury, sleep disorder, Cephalgia and Orthopedic diagnoses. Medications include Tramadol, Tribenzor and Atenolol, acetylsalicylic acid, hypertensia, Prilosec, Gaviscon, and simethione. Physical examination showed tenderness over the right acromioclavicular joint, subacromial space supraspinatus tendon and in the periscapular and posterior shoulder muscles. Impingement and cross arm tests were positive for reproduction of shoulder pain. Range of motion was restricted in all planes. MRI of the right shoulder showed atrophy in the acroioclaviaular joint. There was tendinitis and peritendinitis of the supraspinatus tendon with mild arthritic changes of the

glenohumeral joint. At this time the injured worker has indicated her interest in pursued of surgical correction so that she may function in the right major shoulder. Related to the upcoming surgery the injured worker would only require help for routine activities in order to limit the physical burden she may experience while recuperating. The request for home health care was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health assistance: 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 rationale: The request for home health services is not medically necessary. The documention submitted indicates that the injured worker reports pain and weakness in the shoulder as well as limitation with activities of daily living. The documentation does not discuss the level of assistance required for ambulation, transfer, and bathing. The Chronic Pain Medical Treatment Guidelinesnote that medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides such as bathing, dressing, and using the bathroom when this is the only care needed. The documention does not reflect that the injured worker requires the adminstration of medical care. There is no diagnosis which would prescribe the safe administration of self care for this injured worker. The requirement of skilled services and the guidelines do not support home health aides. In addition, the request does not include the frequency or duration of care. Therefore, the request for home health services is not medically necessary.