

Case Number:	CM14-0037993		
Date Assigned:	06/25/2014	Date of Injury:	10/07/2011
Decision Date:	08/15/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/01/2014

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 Family 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:

This injured worker's date of injury is 10/07/2011. This patient receives treatment for chronic shoulder pain. The patient had surgery to repair the rotator cuff of the right shoulder on 01/29/2014 and a Mumford repair on the left shoulder on 05/22/2013. On examination, moderate muscle spasm was present, as noted in the treating physician's report dated 02/14/2014. Muscle testing reveals 4/5 weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care, 4 hours per day QTY:18.00: 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): 51.

Decision rationale: Home health care may be medically indicated when the patient is considered home bound. Homemaker services for personal care are not included in these services. Home health care is not medically indicated.

Transportation to and from doctor's visits/appointments QTY:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 11th edition, 2013, Knee and leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, transportation.

Decision rationale: Coverage for transportation services is reserved for those patients who suffer from disabilities that prevent them from traveling on their own to their physician appointments. The patient is not confined to bed or a wheelchair. Based on the documentation, transportation services are not medically indicated for this patient.