

Case Number:	CM14-0039956		
Date Assigned:	06/27/2014	Date of Injury:	03/30/2012
Decision Date:	08/19/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	04/04/2014

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, and is licensed to practice in Nevada. 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 60-year-old male who was reportedly injured on March 30, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated February 26, 2014, indicates that there are ongoing complaints of neck pain radiating to the left upper extremity. The physical examination demonstrated tenderness over the mid-line of the cervical spine as well as the anterior and lateral portion of the left shoulder. There was a positive Neer's and Hawkins test. Diagnostic imaging studies reported a disc protrusion at C6-C7 with severe left sided foraminal stenosis and central canal stenosis. Left shoulder surgery was scheduled for March 17, 2014. A request was made for postoperative home healthcare for three weeks and was not certified in the pre-authorization process on March 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Weeks of Post-Op Home Health care for 4 hrs per day, 5 days a week (15 days total):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MEDICARE BENEFITS MANUAL (REV.144,05-06-11), chapter 7-home health services; section 50.2 (hpme health aide services).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Page(s): 51.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines home health services are recommended for those individuals who are home-bound on at least a part-time or intermittent basis. Their intention is to provide medical treatment and does not include homemaker services such as shopping, cleaning, and laundry or other personal care given by home health aide such as taking care of activities of daily living. According to the medical record the injured employee is not otherwise home-bound and will only be recovering from shoulder surgery which in of itself does not requires home healthcare. Therefore this request for three weeks of postoperative home healthcare for four hours per day five days per week is not medically necessary.