

Case Number:	CM14-0040347		
Date Assigned:	06/27/2014	Date of Injury:	05/10/2013
Decision Date:	07/30/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/07/2014

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 Occupational 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:

The patient is a 42 year old male who was injured on 05/10/2013. He sustained an injury when he fell landing on his right arm which was outstretched in front of him and suffered a posterior dislocation of the shoulder. The patient underwent debridement of superior labral and superior tear, type I and chondral degeneration of posteroinferior glenoid and labral/capsular repair of posteroinferior on 02/21/2014. Diagnostic studies were reviewed. Progress report dated 02/21/2014 indicates the patient complained of pain. He stated polar kits help a lot. He is uncomfortable because of the pain and is sleeping in a recliner. It is noted that he needs assistance with housework on a medical basis so that he does not pull out sutures. On exam, the right shoulder has good range of motion. Diagnoses is post labral tear and dislocation of right shoulder status post repair. He was instructed to continue home exercise program x1 month but no housekeeping or lifting. He is to take NSAIDs as needed. Prior utilization review dated 03/06/2014 states the request for Housekeeping 3 hours per week for 6 weeks is not authorized is there is no guideline support referenced for housekeeping services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Housekeeping 3 hours per week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder (Acute and chronic).

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:

http://www.workcompcentral.com/wiki/index.php/California_Regulations_9792.9.1.

Decision rationale: According to MTUS guidelines, home care services are only recommended "for otherwise recommended medical treatment for patients who are homebound, on a part-time or 'intermittent' basis, generally up to more than 35 hours per week. 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." This is a request for housekeeping for 3 hours per week for 6 weeks for a 42-year-old male injured on 5/10/13. He underwent right shoulder surgery on 2/21/14. Housekeeping is requested, so the patient does not pull out his sutures and disrupt the surgical repair. However, the patient is not homebound. He does not require medical treatment in the home. Medical treatment does not include housekeeping. Medical necessity is not established.