

Case Number:	CM14-0040547		
Date Assigned:	06/20/2014	Date of Injury:	12/21/2010
Decision Date:	12/10/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/10/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 57 year-old with a date of injury of 12/21/10. A progress report associated with the request for services, dated 01/27/14, was reported to identify subjective complaints of right shoulder pain. Objective findings included tenderness to palpation and decreased range of motion of the right shoulder. Diagnoses (paraphrased) included right rotator cuff tear. Treatment had included a shoulder arthroscopy in November of 2013 followed by physical therapy and topical and oral analgesics. A Utilization Review determination was rendered on 02/27/14 recommending non-certification of "Home Health Care Three hours per day for seven days for one year".

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care Three hours per day for seven days for one year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health care 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 Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Home Health Services

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) only recommends home health services for those patients that are homebound. The Official Disability Guidelines (ODG) states that home health services are only recommended for patients who are homebound on a part-time or intermittent basis. Also, only for otherwise recommended treatment and does not include cooking or cleaning services or personal care given by home health aides like bathing or dressing. The claimant is not homebound. Therefore, in this case, there is no documented medical necessity for home health services. Therefore the request is not medically necessary.