

Case Number:	CM14-0051100		
Date Assigned:	07/07/2014	Date of Injury:	08/22/2005
Decision Date:	09/15/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/18/2014

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 Orthopedic Surgery 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 claimant is a 41-year-old female who sustained multiple orthopedic injuries on 08/22/05. The (Progress Report) PR2 of 03/05/14 notes continued right shoulder complaints of pain with tenderness to palpation, restricted range of motion at endpoints and no documented weakness. The PR-2 report documented that the claimant was status post right shoulder arthroscopic subacromial decompression, distal clavicle resection and debridement of a partial thickness rotator cuff tear on 01/15/14. The recommendation was made for continued physical therapy and Home Exercise Program at that time. This review is for home healthcare, three days per week for four hours a day for an additional six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care for 3 days a week, 4 hours a day for 6 weeks, then 2 days a week for 4 hours a day: 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: Based on California MTUS Chronic Pain Guidelines, the request for home healthcare for 3 days a week, 4 hours a day for 6 weeks, then 2 days a week for 4 hours a day cannot be recommended as medically necessary. At the time of the request the medical records document that the claimant was three months following shoulder arthroscopy and debridement. There is no documentation that the claimant is home bound, has a diagnosis causing the claimant to remain home bound, or an explanation why the claimant would require home health assistance at this point in time post surgery. Chronic Pain Guidelines state that 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. Therefore, the medical records are not supported by the Chronic Pain Guidelines to permit home healthcare as requested and this request is medically not necessary.