

Case Number:	CM14-0054480		
Date Assigned:	07/07/2014	Date of Injury:	08/11/2010
Decision Date:	08/07/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/22/2014

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 Orthopaedic 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 injured worker is a 61-year old female who underwent a right shoulder arthroscopic labral debridement, biceps tenotomy, distal clavicle excision, and fenestration of calcific tendinitis on 3/11/14 to address arthritis of the distal clavicle, calcific tendinitis, and biceps tendinitis of the right shoulder. She has known medical comorbidities of coronary artery disease, congestive heart failure, atrial fibrillation, hypertension, and requires supplemental oxygen. The injured worker required a postoperative intensive care unit stay until 3/13/14 to control her hypertension was discharged to home on 3/15/14. Twelve post operative physical therapy visits were approved. A home health evaluation was performed on 3/16/14 by a nurse. Homemaker services for 4 hours daily, 7 days/week were recommended, but no other home services, including physical therapy were recommended. The injured worker was/is ambulatory with a walker and mechanized transporter for community ambulation. She was able to leave her home for medical office visits and physical therapy immediately post-operatively. A 4/1/14 request for home physical therapy (6-8 weeks) treatments was denied. The injured worker attended 12 outpatient physical therapy visits through 5/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Therapy 6-8 weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Physical Medicine Page(s): 51, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Home Health Services.

Decision rationale: The MTUS guidelines and The Official Disability Guidelines (ODG) regarding home health services state: Recommended only for otherwise recommended medical treatment for patients who are home bound, on a part-time or intermittent basis, generally up to no 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. The available records do not establish that the injured worker was totally housebound and unable to function in the community due to specific limitations of mobility or other activities of daily living. The home health assessment of 3/16/14 recommended only homemaker services and there was no recommendation for home Physical Therapy services. The injured worker was able to attend outpatient clinical visits with her healthcare providers on 3/17/14 and 3/20/14, prior to the 4/1/14 request for home physical therapy. Based on lack of documentation of totally home bound status of the injured worker, the requested Home Therapy 6-8 weeks for the right shoulder is not medically necessary.