

Case Number:	CM14-0058518		
Date Assigned:	07/09/2014	Date of Injury:	09/27/2008
Decision Date:	09/03/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/29/2014

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 Emergency 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 injured worker is a 51 year-old female, who sustained an injury on September 27, 2008. The mechanism of injury occurred when she was attacked by a resident. Diagnostics have included: October 16, 2013 right shoulder MRI was reported as showing mild infraspinatus tendinosis and possibly prior surgical changes to the AC joint or acromion; EMG/NCV dated October 2013 was reported as showing bilateral carpal tunnel syndrome, ulnar nerve involvement, and right perineal tunnel syndrome. Treatments have included: medications, left knee surgery, and right knee surgery. The current diagnoses are: cervical strain with disc disease, lumbar strain with disc disease, s/p right shoulder surgery, left knee pain s/p surgery, depression, neurologic complaints. The stated purpose of the request for Home Health Care 4 hrs per day, 5 days per week, was not noted. The request for Home Health Care 4 hrs per day, 5 days per week, was denied on April 3, 2014, citing a lack of documentation of the detailed nature of the requested home health services and are not intended for the provision of ADL assistance. The stated purpose of the request for MRI right shoulder was not noted. The request for MRI right shoulder was denied on April 3, 2014, citing a lack of documentation of an acute clinical change since the previous MRI. Per the report dated March 13, 2014, the treating physician noted right shoulder pain, locking and giving way of the right leg, symptoms of depression. Exam findings included medial left knee tenderness, and a limp. Per a home health report dated March 13, 2014, the injured worker is to continue psychiatric care, pain management, pediatric care and additional MRI's.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care 4 hrs per day, 5 days per week: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS) 2009: Home health services Page(s): 51.

Decision rationale: The requested Home Health Care 4 hrs per day, 5 days per week, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 51, Home health services, note that home health services are "Recommended only for otherwise recommended medical treatment for patients who are homebound, 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 injured worker has right shoulder pain, locking and giving way of the right leg, symptoms of depression. The treating physician has documented medial left knee tenderness, and a limp. The treating physician has not documented what specific home health services are being requested nor their medical necessity. The criteria noted above not having been met, Home Health Care 4 hrs per day, 5 days per week, is not medically necessary.

MRI right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guide, Shoulder guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The requested MRI right shoulder, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS), 7/18/ 2009: ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has right shoulder pain, locking and giving way of the right leg, and symptoms of depression. The treating physician has documented medial left knee tenderness, and a limp. The treating physician has not documented physical exam findings indicative of impingement syndrome or internal derangement, nor an acute clinical change since the October 16, 2013 right shoulder MRI. The criteria noted above not having been met, a MRI right shoulder is not medically necessary.