MAXIMUS Federal Services

Case Number:	CM14-0062040		
Date Assigned:	07/11/2014	Date of Injury:	03/25/2002
Decision Date:	09/08/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/05/2014

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:

This is a 62-year-old male patient with a 3/25/02 date of injury. The exact mechanism of injury has not been described. A 6/17/14 progress report indicated that the patient was reevaluated for his bilateral shoulder massive irreparable rotator cuff tears and his right sternoclavicular ostheoarthritis. Physical exam revealed bilateral active forward flexion of 135 degrees; abduction was slightly decreased on the right shoulder. He had weakness of his right supraspinatus and infraqspinatus musculature. He was diagnosed with non-traumatic rupture of quadriceps tendon, lower leg hemarthrosis, and knee meniscus cartilage tear. Treatment to date includes: medication management. There is documentation of a previous 5/1/14 adverse determination, based on the fact that there was no documentation supporting home health aide.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED HOME AID FOR ADL'S (X 2 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (home health services Page(s): 51.

Decision rationale: CA MTUS states 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. However, there was no documentation that the patient needed help with ambulating. In addition, there was no evidence of inability to do everyday duties. There was no documentation supporting previous home aid benefits. In addition, the amount of time being requested for home health aid is not documented. It is also unclear what type of home aid is being requested. Therefore, the request for continued home aid for adl's (x 2 weeks) is not medically necessary.