

Case Number:	CM14-0062996		
Date Assigned:	07/11/2014	Date of Injury:	01/04/1997
Decision Date:	09/19/2014	UR Denial Date:	04/07/2014
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 66 year old patient had a date of injury on 1/4/1997. The mechanism of injury was not noted. In a progress noted dated 3/25/2014, subjective findings included pain and weakness in right shoulder that is severe. She has difficult performing activities of daily living due to this, and she indicates she is unable to use a cane in her right hand due to her right shoulder pain and weakness. On a physical exam dated 3/25/2014, objective findings included significant pain and weakness when testing the supraspinatus tendon against resistance. There is negative crop arm. Diagnostic impression shows complete tear of rotator cuff, status post placement of spinal cord stimulator, status post lumbar decompression, bilateral carpal tunnel syndrome. Treatment to date: medication therapy, behavioral modification, L/S laminectomy. A UR decision dated 4/7/2014 denied the request for home assistant 8 hrs/week for 2 months, stating that there is no indication that the patient is bedridden or is non-ambulatory. Home health is not to be used for cooking and cleaning, but for medical care only. There are no complications noted in the AP's report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home assistant 8 hours per week for 2 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. In a progress report dated 3/25/2014, and reports viewed, there was no discussion of the patient being homebound. Therefore, the request for home assistant 8hrs/week for 2 months is not medically necessary.