

Case Number:	CM14-0063377		
Date Assigned:	07/11/2014	Date of Injury:	08/13/2013
Decision Date:	09/08/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/06/2014

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 50-year-old male patient with date of injury of 8/13/13. The mechanism of injury was while moving a stage background wall to another location. While putting the wall into position, the weight of the wall caused pain in his right arm. Initial MRI showed posterior labral tear extending into the inferior labrum, small anterior and superior labral tear, S/P biceps tendinosis with intact biceps tendon attachment of the anterior humeral head, moderate degenerative changes at the acromioclavicular joint and supraspinatus tendinosis with undersurface fraying. A 5/21/14 progress note reports patient stating right shoulder felt better but there was pain in the left shoulder. On physical exam the patient had limited ROM right shoulder. Diagnostic impression: Right shoulder impingement syndrome and S/P SLAP repair. Treatment to date: Chiropractic therapy, cortisone injection, medication management, and anterior, posterior and lateral repair right shoulder on 2/18/14. A UR decision dated 4/24/14 denied the request for Home Help 4 hrs/day for 4 weeks based on CA MTUS Guidelines which state that medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides such as bathing, dressing, and using the bathroom.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Help 4 hours per day for 3 weeks: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state 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. There were no records indicating the patient met the criteria required to qualify for home health services. From the records provided, it is unclear why home health care is being requested. Therefore, the request for Home Help for 4 hours per day for 3 weeks was not medically necessary.