

Case Number:	CM14-0067359		
Date Assigned:	07/11/2014	Date of Injury:	05/19/2011
Decision Date:	08/13/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/12/2014

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:

The patient is a 78-year-old female who was injured on 05/19/2011. The mechanism of injury is unknown. The patient underwent an arthroscopic synovectomy of the left shoulder, arthroscopic chondroplasty of the glenohumeral joint, arthroscopic debridement of the glenoid labrum, biceps tenodesis, massive rotator cuff repair, AC joint resection, and manipulation under anesthesia on 04/01/2014. An orthopedic follow up note dated 04/16/2014 indicates the patient presented with no new complaints. She presented status post massive rotator cuff repair of the left shoulder. Objective findings on exam revealed no swelling of the right shoulder. Active shoulder range of motion shows forward flexion to 40 degrees; extension to 40 degrees; abduction to 40; external rotation to 60 and internal rotation to 30. There is tenderness along the acromioclavicular joint, tender over the bicipital groove, and tender along the subacromial space. Range of motion of the left shoulder reveals flexion to 90; abduction to 90; external rotation to 30; and internal rotation to 20. The patient's muscle strength is 4/5. Diagnoses are massive rotator cuff tear, right shoulder; acromioclavicular joint arthritis of the right shoulder; left shoulder impingement syndrome; full thickness massive rotator cuff of the left shoulder; left knee strain and left total knee arthritis of the acromioclavicular joint. The patient has received physical therapy; however there are no therapy notes for review. Prior utilization review dated 05/05/2014 states the request for home health care is not certified as there is no indication the patient is homebound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care QTY: 56.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 206, 91, Chronic Pain Treatment Guidelines Home Health Services.

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

Decision rationale: According to MTUS guidelines and ODG, home health care (home health services) is recommended for otherwise recommended medical treatment for homebound patients up to 35 hours per week not including homemaker services. In this case, the patient is a 78-year-old female status post left shoulder open surgery including massive rotator cuff repair on 4/1/14. However, the patient is not homebound; there is no documented need for medical treatment at home; homemaker services are not recommended. Therefore the request is not medically necessary.