

Case Number:	CM14-0071297		
Date Assigned:	07/14/2014	Date of Injury:	03/10/2013
Decision Date:	08/14/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/16/2014

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 Orthopaedic Surgery 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 48-year-old female sustained an industrial injury on 3/10/13. The mechanism of injury was not documented. The 3/3/14 treating physician report cited constant grade 8/10 right shoulder and neck pain, and compensatory left shoulder pain. Pain was worse with any repetitive motions or sleep. Pain improved with medications and rest. The patient was on modified duty. Cervical exam findings documented full pain free range of motion, trapezius and levator tenderness and hypertonicity, and negative Spurling's. Right shoulder exam documented subacromial tenderness, flexion/abduction 150 degrees, and positive impingement signs. Left shoulder exam documented flexion/abduction 150 degrees with positive impingement signs. Bilateral upper extremity strength, sensation and deep tendon reflexes were normal. The diagnosis included right rotator cuff partial tear, left shoulder rotator cuff syndrome, and chronic cervical strain. The patient was approved for right shoulder arthroscopic debridement or rotator cuff repair. Surgery was scheduled 3/28/14. The 3/31/14 treating physician report indicated the patient had right shoulder pain and tenderness status post repair. The patient was off work for 3 weeks and prescribed pain medication. Stitches were removed. Physical therapy was ordered 2x6. A 4/9/14 DWC treatment request for home health care four hours daily for 4 weeks was noted. The 4/16/14 utilization review denied the request for a home health aide as there was no indication that the patient was non-ambulatory or otherwise bedridden following shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide 4 hrs / day x 5 days /week for four weeks, s/p shoulder surgery: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services).

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. 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. Medicare provides specific patient selection criteria for in home services, including the individual is confined to the home and the service must be prescribed and periodically reviewed by the attending physician. Additionally, the individual must be in need of skilled nursing care on an intermittent basis, or physical therapy or speech-language pathology; or have a continuing need for occupational therapy. Guideline criteria have not been met. There is no evidence that the patient is homebound. There is no evidence of need for intermittent skilled nursing care or physical therapy in the home environment. Therefore, this request for home health aide 4 hours / day x 5 days /week for four weeks, status post shoulder surgery, is not medically necessary.