

Case Number:	CM14-0074324		
Date Assigned:	07/16/2014	Date of Injury:	02/20/2013
Decision Date:	10/20/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/21/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 65 year old female who was injured on 02/20/2013. The mechanism of injury is unknown. She has been treated conservatively with 18 sessions of physical therapy and 12 acupuncture sessions. There are no diagnostic studies available for review. Physician progress note dated 04/08/2014 indicates the patient presented with bilateral shoulder pain, left greater than right. It is noted that the patient has a diagnosis of rotator cuff tear and hypertrophic AC joint arthrosis. She continued to complain of difficulty with any sort of repetitive, weighted or overhead activity of the shoulder. She has difficulty sleeping on the shoulder at night. She also refers to pain radiating to the neck as well as down the arm. On examination of the left shoulder, there is tenderness to palpation at the anterolateral capsule/rotator cuff as well as the AC joint. She has strongly positive signs of impingement, both subacromially and with cross-over as well. She has been recommended for subacromial decompression with rotator cuff repair and distal clavicle/Mumford procedure which was authorized and scheduled for 06/13/2014. It is felt that she will need a home health aide for 4 hours a day twice a week for 2 weeks as per RFA dated 05/20/2014. Prior utilization review dated 05/08/2014 states the request for home health aide 4 hours a day twice a week for 2 weeks is not certified as there is no indication documenting the patient's necessity for home health aide.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide four hours a day twice a week for two weeks: 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 Home Health Aide Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - Home Health Aide

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as Official Disability Guidelines notes 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. Medical Records reflect this claimant is able to ambulate. Her physical exam does not support that this claimant has a diagnosis that requires home health services. There is an absence in documentation noting that this claimant is homebound. Therefore, the medical necessity of this request is not established.