

Case Number:	CM14-0082202		
Date Assigned:	07/21/2014	Date of Injury:	03/17/2009
Decision Date:	09/17/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/03/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 47-year-old female who reported an injury on 03/17/2009. The mechanism of injury was not provided. On 05/16/2014, the injured worker presented with left shoulder pain. An MRI of the left shoulder dated 09/25/2013 revealed mild acromioclavicular oarthropathy with subacromial subdeltoid bursitis. There was a partial thickness tear of the supraspinatus and infraspinatus tendons of the left shoulder, a left shoulder open rotator cuff repair and subacromial decompression, distal clavicle resection, CA ligament resection and bursectomy. Upon examination, there were spasms noted in the left shoulder region musculature and a surgical scar noted in the anterior left shoulder. The diagnoses were left shoulder adhesive capsulitis; status post left shoulder rotator cuff repair, low back pain, lumbar facet pain and left shoulder pain. Prior therapy included medications and surgery. The provider recommended home health support. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health-In Home Support: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin Number 0218; U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services CMS Publication No. 10969.

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

Decision rationale: The request for home health in-home support is not medically necessary. The California MTUS Guidelines recommend home health services for medical treatment for injured workers who are home-bound on a part time or intermittent basis. It is generally recommended for 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 restroom when this is the only care needed. There was a lack of documentation on if the injured worker is home bound on a part time or intermittent basis. Additionally, the provider's rationale for home health services was not provided. The type of medical treatment being requested for the home health services was not provided. As such, the request is not medically necessary.