

Case Number:	CM14-0089515		
Date Assigned:	07/23/2014	Date of Injury:	12/09/2013
Decision Date:	10/01/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/13/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 57 year old male with a work injury dated 12/9/13. The diagnoses include right shoulder impingement syndrome with partial thickness rotator cuff tear per MRI; right elbow lateral epicondylitis with cubital tunnel syndrome; C4-C5, C5-C6 discogenic neck pain with radiculopathy; left shoulder impingement syndrome. Under consideration is a request for RN Evaluation for Post Op Home Healthcare, Eight Hours Daily For Four (4) Weeks, Followed by Four (4) Hours a Day for Two (2) Weeks and CPM Unit Right Shoulder. There is a primary treating physician report dated 5/31/14 that states that the patient feels that injection to his right shoulder was very helpful for about a week or so. He then started having recurrence of the pain and now feels about the same as what he did before the surgery. He states that as long as he does not move his arm, pain is tolerable but any kind of motion, even activities of daily living is difficult because of pain. He is scheduled to have MRI of his left shoulder and electrodiagnostic studies of the upper extremities this week. His exam reveals crepitus with range of motion of the right shoulder. The impingement sign is positive. There is weakness to the right shoulder abduction and external rotation. Drop-arm test is negative. There is no shoulder instability. The treatment plan states that he is a candidate for surgical treatment. Surgery would be right shoulder arthroscopy with arthroscopic subacromial decompression, debridement versus repair of partial thickness rotator cuff tear. The provider recommends the patient receive an RN evaluation for postoperative Home Health Care for the purpose of wound cleaning and assistance with daily living activities eight hours daily for four weeks, followed by four hours a day for two weeks. There is a request for multiple post op treatments including a CPM machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

RN Evaluation for Post Op Home Healthcare, Eight Hours Daily For Four (4) Weeks, Followed by Four (4) Hours a Day for Two (2) Weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder

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

Decision rationale: RN Evaluation for Post Op Home Healthcare, Eight Hours Daily For Four (4) Weeks, Followed by Four (4) Hours a Day for Two (2) Weeks is not medically necessary per the MTUS Guidelines. The guidelines state the 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 perweek. 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.The documentation does not indicate the patient will be or is homebound therefore the request for an RN Evaluation for Post Op Home Healthcare, Eight Hours Daily For Four (4) Weeks, Followed by Four (4) Hours a Day for Two (2) Weeks is not medically necessary.

CPM Unit Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints,Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG): Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-Continuous passive motion (CPM)

Decision rationale: CPM Unit Right Shoulder is not medically necessary per the ODG Guidelines. The MTUS does not address CPM for the shoulder. The ODG states that continuous passive motion (CPM) is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to 4 weeks/5 days per week.The documentation does not reveal evidence of adhesive capsulitis. The request for CPM Unit Right Shoulder is not medically necessary.