

Case Number:	CM13-0025649		
Date Assigned:	11/20/2013	Date of Injury:	07/19/2011
Decision Date:	03/26/2015	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/18/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary, who has filed a claim for chronic pain syndrome reportedly associated with industrial injury of July 19, 2011. In a Utilization Review Report dated August 16, 2013, the claims administrator denied a request for home health care for wound cleaning and assistance with activities of daily living purposes. The claims administrator referenced an office visit of July 22, 2013, in its determination. The claims administrator stated that the attending provider failed to furnish the compelling rationale for the request. On February 10, 2014, the applicant reported ongoing complaints of shoulder pain status post earlier shoulder surgery. Relafen and Prilosec were endorsed. The applicant's work status was not detailed. The applicant underwent shoulder arthroscopy, debridement, synovectomy, and subacromial decompression surgery on October 17, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE FOR WOUND CLEANING, ASSISTANCE WITH DAILY LIVING 4 HOURS DAILY X 2 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder : Home health services

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792..

Decision rationale: 1. No, the request for home health care for wound cleaning and assistance with activities of daily living four hours a day, x2 weeks was not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, Home Health Services are recommended only to deliver otherwise recommended medical treatment to applicants who are home bound. Here, however, there was no mention of the applicant being home bound or bed bound on or around the date of the request. The applicant underwent a relatively minor shoulder arthroscopy procedure in October 2013. The procedure was minimally invasive and transpired arthroscopically. There was no mention of the applicant's having an infected wound or other postoperative complications. There was likewise no mention of the applicant's inability to obtain outpatient wound care services (if needed). Finally, the assistance with activities of daily living also being sought, per page 61 of the MTUS Chronic Pain Medical Treatment Guidelines, does not constitute medical treatment. Therefore, the request is not medically necessary. While this was, strictly speaking, a postoperative request as opposed to chronic pain request, MTUS 9792.23.b2 stipulates that the Postsurgical Treatment Guidelines in section 9792.24.3 shall apply together with any other applicable treatment guidelines found within MTUS. Since page 51 of the MTUS Chronic Pain Medical Treatment Guidelines did address the issue at hand, it was therefore invoked.