MAXIMUS Federal Services

Case Number:	CM14-0190228		
Date Assigned:	11/21/2014	Date of Injury:	03/22/2001
Decision Date:	01/09/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/13/2014

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 Interventional Spine 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 77 year-old patient sustained an injury on 3/22/2001 while employed by [redacted]. Request(s) under consideration include Home Care Assistance by daughter (80) hours x 1 month. Diagnoses include left shoulder glenohumeral degenerative joint disease/ possible rotator cuff tear; s/p left first CMC hemi-arthroplasty, right CTS s/p left carpal tunnel release; healed empirical right patellar fracture; Lumbar spondylolisthesis L4-5; chronic pain; obesity; and history of DVT. Report of 8/26/14 from the provider noted the patient returned for re-evaluation. X-rays of left shoulder showed osteophyte formation, diminished acromiohumeral space with Glenoid cyst. No exam was documented. Treatment plan noted left shoulder cortisone injection was ineffective; has arthritic findings and possibly rotator cuff tear. The patient has right knee problems. The patient and daughter felt the knee should be treated on an industrial basis; however, the provider looked through the chart and all he found was care relating to left shoulder, but this is an old 2001 injury. The provider noted the patient wanting 80 hours a month of home assistance for the shoulder and knee; however, the provider was unsure if this would be covered on an industrial basis. The provider noted "Certainly I don't think so for just the left shoulder." The provider noted there is not much to offer the patient except for a home exercise program and the patient may be followed on a "prn basis." Report of 10/24/14 from the provider noted the patient with chronic ongoing pain complaints for this injury now 13 years. The patient noted physical therapy did not help before and has declined further treatment. The provider noted that he would agree to increase the patient's home care assistance to 80 hours a month if that was what the patient felt she needed. The patient was taking OxyIR, Soma, Mobic, and Neurontin and asked for increasing narcotics which the provider noted "I will not do it." The patient was given shoulder cortisone injection. No mention of the knee was

documented. No exam was documented. The provider noted, "I will see her back on a prn basis." The request(s) for Home Care Assistance by daughter (80) hours x 1 month was non-certified on 11/6/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care Assistance by daughter (80) hours time 1 month: 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 services Page(s): 52.

Decision rationale: This 77 year-old patient sustained an injury on 3/22/2001 while employed by [redacted]. Request(s) under consideration include Home Care Assistance by daughter (80) hours x 1 month. Diagnoses include left shoulder glenohumeral degenerative joint disease/ possible rotator cuff tear; s/p left first CMC hemi-arthroplasty, right CTS s/p left carpal tunnel release; healed empirical right patellar fracture; Lumbar spondylolisthesis L4-5; chronic pain; obesity; and history of DVT. Report of 8/26/14 from the provider noted the patient returned for re-evaluation. X-rays of left shoulder showed osteophyte formation, diminished acromiohumeral space with Glenoid cyst. No exam was documented. Treatment plan noted left shoulder cortisone injection was ineffective; has arthritic findings and possibly rotator cuff tear. The patient has right knee problems. The patient and daughter felt the knee should be treated on an industrial basis; however, the provider looked through the chart and all he found was care relating to left shoulder, but this is an old 2001 injury. The provider noted the patient wanting 80 hours a month of home assistance for the shoulder and knee; however, the provider was unsure if this would be covered on an industrial basis. The provider noted "Certainly I don't think so for just the left shoulder." The provider noted there is not much to offer the patient except for a home exercise program and the patient may be followed on a "prn basis." Report of 10/24/14 from the provider noted the patient with chronic ongoing pain complaints for this injury now 13 years. The patient noted physical therapy did not help before and has declined further treatment. The provider noted that he would agree to increase the patient's home care assistance to 80 hours a month if that was what the patient felt she needed. The patient was taking OxyIR, Soma, Mobic, and Neurontin and asked for increasing narcotics which the provider noted "I will not do it." The patient was given shoulder cortisone injection. No mention of the knee was documented. No exam was documented. The provider noted, "I will see her back on a prn basis." The request(s) for Home Care Assistance by daughter (80) hours x 1 month was non-certified on 11/6/14. MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient has deferred physical therapy as it has not been previously beneficial. The patient is not s/p any recent multilevel back fusion surgery to be bedbound, requiring skilled nursing or home therapy. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or

demonstrated the necessity for home health. The patient does not appear homebound as the patient attends office visits independently without equipment assist. There is no specific deficient performance issue evident as it is reported the patient has no documented deficiency with the activities of daily living. There is no issue with family support. Reports have unchanged chronic symptoms without clear neurological deficits identified for home therapy. Submitted reports have not demonstrated support per guidelines criteria for treatment request. The Home Care Assistance by daughter (80) hours x 1 month is not medically necessary and appropriate.