MAXIMUS Federal Services

Case Number:	CM14-0208296		
Date Assigned:	12/19/2014	Date of Injury:	03/20/2014
Decision Date:	02/18/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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: California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 44 year old female with an injury date of 03/20/14. Based on the 01/09/14 progress report provided by treating physician, the patient complains of right shoulder pain rated 6/10. Physical examination to the right shoulder on 01/09/14 revealed mild edema and tenderness to palpation to the soft tissue structures of the shoulder region. Range of motion was decreased. Positive Appley's Scratch, Shoulder Depression and Right Arm Drop tests. Per treater report dated 11/06/14, patient has not worked since 06/26/14, and a request for authorization for arthroscopic surgery is pending authorization.Diagnosis 06/26/14- cervicalgia likely myofascial pain and right paracervical muscle spasm- cervical radiculitis to the right upper shoulder area versus right shoulder pain radiating to cervical area- right shoulder pain with rotator cuff supraspinatus and infraspinatus partial tear. Diagnosis 01/09/15- status post right shoulder arthroscopyThe utilization review determination being challenged is dated 11/12/14. The rationale is "...unclear if surgery was certified."Treatment reports were provided from 07/11/14 - 01/09/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

RN assessment for post-operative wound care home aid as needed (frequency/duration unspecified): 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 services Page(s): 51.

Decision rationale: The patient presents with right shoulder pain rated 6/10. The request is for RN assessment for post-operative wound care home aid as needed (frequency/duration unspecified). Patient's diagnosis on 06/26/14 included right shoulder pain with rotator cuff supraspinatus and infraspinatus partial tear, and treater states "request for authorization for arthroscopic surgery is pending authorization." Physical examination to the right shoulder on 01/09/14 revealed mild edema and tenderness to palpation to the soft tissue structures of the shoulder region. Range of motion was decreased. Positive Appley's Scratch, Shoulder Depression and Right Arm Drop tests. Per treater report dated 11/06/14, patient has not worked since 06/26/14.MTUS page 51 has the following regarding home services, "recommended only for otherwise recommended medical treatment for patients who are home bound on a part time or intermittent basis generally up to no more than 35 hours per week. Medical treatments does not include homemaker services like shopping, cleaning, and laundry and personal care given by homehealth aides like bathing, dressing, and using the bathroom when this is the only care needed."In this case, the MTUS does support home services if medical care is needed. The treater's current request would be medically needed if the treater explains why a post-op would care needed. The patient is being scheduled for an arthroscopic surgery that does not require a wound care. There is no description of an infected wound or a slow healing/deep wound that require an extended care. There is no operative report describing what happened. Given the lack of description and rationale for the request, it is not medically necessary.