

Case Number:	CM15-0007355		
Date Assigned:	01/22/2015	Date of Injury:	05/22/2009
Decision Date:	03/23/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/13/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old female who reported an injury on 05/22/2009 due to an unspecified mechanism of injury. On 12/08/2014, she presented for a followup evaluation regarding her work related injury. She reported pain in the right shoulder and stated that there was no change in symptoms since her last visit. Her medications included muscle relaxants and pain medications, as well as blood pressure medications. Her review of systems was normal. A physical examination showed that she had a wound that was clean and dry, with staples removed and Steri-Strips applied. She was noted to be status post right rotator cuff repair. Her diagnoses included right shoulder status post rotator cuff tear and repair and left shoulder chronic impingement. The treatment plan was for home health 3 times a week for 3 weeks. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health 3 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

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

Decision rationale: The California MTUS Guidelines state that home health services are recommended for those who are homebound on a part time or intermittent basis and is not recommended for homemaker services. Based on the clinical documentation submitted for review, the injured worker was noted to be status post rotator cuff repair and was symptomatic regarding the right shoulder. However, a clear rationale was not provided for the medical necessity of home health services. There was no documentation stated that the injured worker was homebound on a part time or intermittent basis or that she had any significant functional deficits that prevented her from performing care. Furthermore, it was noted whether the injured worker would be receiving homemaker services with these visits and without this information would not be supported. As such, the request is not medically necessary.