

Case Number:	CM15-0136384		
Date Assigned:	07/24/2015	Date of Injury:	02/11/2011
Decision Date:	08/21/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/14/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 50 year old male patient who sustained an industrial injury on 02/11/2011. A primary treating office visit dated 05/22/2015 reported the patient with subjective complaint of having right shoulder pain, decreased function and decreased range of motion. He is more than 12 months post-operative and discouraged the pain persists. Objective findings showed forward flexion limited to 110 degrees and abduction to 85 degrees, external rotation is 30 degrees. He has collapsing weakness and resisted abduction and forward flexion. There is also a positive belly test. There is consideration for a reverse prosthesis and he is to remain temporarily totally disabled. A prior follow up visit dated 04/20/2015 reported persistent complaint of pain to right shoulder. He is status post a hemiarthroplasty along with a rotator cuff tendon repair. Objective findings showed forward elevation passively is to 150 degrees, active forward elevation is to 125 degrees, and external rotation is to 90 degrees. There is still a positive belly test and positive lift off test. The following diagnoses were applied: status post right shoulder hemiarthroplasty, and right shoulder subscapularis tendon tear. There is recommendation at this time for surgical intervention of subscapularis repair and or a reverse shoulder arthroplasty. He is to remain temporarily totally disabled. A computerized tomography scan of the right shoulder done on 04/08/2015 reported the impression of proximal right humeral arthroplasty in anatomic alignment with glenoid degenerative changes, and superior soft tissue calcifications adjacent to the anterior margin of the intact acromioclavicular joint. Objective assessment performed at a follow up on 0/09/2015 showed passive forward elevation is to 150 degrees, active forward elevation is to 125 degrees, and external rotation is to 30 degrees. There is pain with internal rotation and some clunking in the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to & from surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter.

Decision rationale: CA MTUS/ACOEM is silent on the issue of transportation. According to the ODG, Knee and Leg Chapter, Transportation is recommended for patients with disabilities preventing them from self-transport. In this case the exam notes from 12/15/14 through 5/22/15 do not demonstrate evidence of functional impairment precluding self transportation. Therefore, the determination is not medically necessary.

Home Health Care, 1 hr daily for 5 days, post operative: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

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

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are home-bound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration. There is no evidence in the records from 12/15/14 through 5/22/15 that the patient is home bound. There are no other substantiating reasons why home health services are required. Therefore, determination is not medically necessary.