

Case Number:	CM15-0142528		
Date Assigned:	08/03/2015	Date of Injury:	05/07/2013
Decision Date:	09/08/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/22/2015

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

Certification(s)/Specialty: Family Practice

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 55-year-old female, who sustained an industrial injury on May 7, 2013, incurring right shoulder and back injuries. She was diagnosed with a rotator cuff tear and underwent an arthroscopic surgical repair in November 2014. She was also diagnosed with lumbar spondylosis with degenerative disc disease, and cervical spondylosis with degenerative disc disease. She underwent a lumbosacral spinal fusion in June 2015. Treatment included pain medications, shoulder sling, anti-inflammatory drugs, muscle relaxants, topical analgesic patches, and ice and heat therapy, physical therapy and home exercise program and activity restrictions. Currently, the injured worker complained of upper extremity pain, limited range of motion, and joint restrictions. The treatment plan that was requested for authorization included Home Health care for 8 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care for 8 days: 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): 50.

Decision rationale: According to the MTUS guidelines, home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The medical records note that the injured worker is status post spinal fusion. The medical records do not establish that the injured worker meets the criteria for home health care. The medical records do not establish that the injured worker is homebound. The request for Home health care for 8 days is not medically necessary and appropriate.