

Case Number:	CM15-0146940		
Date Assigned:	08/07/2015	Date of Injury:	01/07/2015
Decision Date:	09/11/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/28/2015

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, Hawaii
 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 53 year old male, who sustained an industrial injury on 1-7-15. He reported injury to his back, head and left shoulder after a slip and fall accident. The injured worker was diagnosed as having left shoulder rotator cuff tear, lumbar radiculopathy, and lumbar disc herniation at L4-L5, subacute cervical strain and head contusion. Treatment to date has included a bilateral L5 epidural injection on 6-3-15, a left shoulder MRI on 3-17-15, Tramadol, Flexeril and Norco. As of the PR2 dated 5-27-15, the injured worker reports significant pain in his left shoulder. He is left hand dominant and rates his pain an 8.5 out of 10. Objective findings include left shoulder flexion 160 degrees, extension 50 degrees, abduction 160 degrees and a positive Neer's and Hawkin's sign. The treating physician recommended a left shoulder arthroscopy, subacromial decompression and rotator cuff repair. The injured worker indicated that he would require a lot of assistance after surgery due to his low back pain and difficulty with ambulation. The treating physician requested a home health aide, 3 hours a day in 3 weeks to assist patient w/hygiene care and ADLs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide, 3 hours a day in 3 weeks to assist patient w/hygiene care and ADLs:
 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 care Page(s): 51.

Decision rationale: The IW is a 53 year old male with injuries to his head, back and low back after a slip and fall on 1/7/2015. He was found to have a cervical strain, left shoulder rotator cuff tear and a L4-5 lumbar disc bulge. He is planning to have left shoulder arthroscopy with decompression. Because the IW will need a significant amount of help at home, a home health aide was requested. CA MTUS page 51 has the following regarding home health services: "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." In this case, the PTP is requesting services prohibited by the CA MTUS. The requested service is not medically necessary.