

Case Number:	CM15-0149142		
Date Assigned:	08/12/2015	Date of Injury:	01/11/2006
Decision Date:	09/10/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/31/2015

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: Preventive Medicine, Occupational Medicine

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 52 year old female with an industrial injury dated 01-11-2006. Her diagnosis was rotator cuff tear impingement syndrome right shoulder. Comorbid diagnoses included hypertension, hypercholesterolemia, diabetes mellitus type I and aortic arteriosclerosis. Prior treatment included subacromial injection of corticosteroid, physical therapy and surgery. She presents on 02-13-2015 with complaints that her shoulder had been bothering her with increased intensity. She continued to work on a full time, full duty basis. Physical exam demonstrated a decreased range of motion with positive impingement. She received an injection in the subacromial space. On 03-13-2015 she was complaining of persistent pain in right shoulder and was given the option for more surgery which would include a debridement of her subacromial space and evaluation of her rotator cuff tear. According to the cardiovascular clearance note dated 07-20-2015 the recommendation was "May proceed with surgery as clinically indicated." There is a request for home health care every other day for 4 to 6 hours 7 10 days after surgery until post-operative appointment - until she can drive on her own will need personal care bathing, cooking and driving to appointment. Patient lives alone with no help. The request is dated 07-10-2015. The request for review is home health care 7 days a week for 6 hours a day for 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 7 days a week for 6 hours a day for 4-6 weeks: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are home bound, on a part-time or "intermittent" basis. 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. This request is for homemaker services and not for medical treatment. The request for home health care 7 days a week for 6 hours a day for 4-6 weeks is determined to not be medically necessary.