

Case Number:	CM15-0161428		
Date Assigned:	08/27/2015	Date of Injury:	05/21/2014
Decision Date:	10/02/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/17/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 21, 2015. In a Utilization Review report dated August 5, 2015, the claims administrator failed to approve a request for a Home Health aide. The full text of the UR report was not it was incidentally noted, attached to the application. The applicant personally appealed, in a letter dated August 11, 2015. The applicant stated that she had undergone two rotator cuff surgeries involving the left shoulder over the preceding months. The applicant contented that she needed assistance with activities of daily living. The applicant stated that she is having difficulty bathing, cooking, doing laundry, maneuvering pots, dressing herself, and the like. The applicant contented that she lived alone, with her daughter, but that her daughter often had to attend school and was not always available for assistance. On July 30, 2015, the applicant was placed off of work through August 13, 2015. The applicant was asked to continue physical therapy and tramadol. The applicant had undergone shoulder surgery on October 22, 2014 and a second revision surgery on April 9, 2015, it was reported. The applicant was using a cane. Family members were driving her to and from appointments. It was stated that the applicant was using a wheelchair to get to the facility, and/or was using a cane to move about. The applicant's medication list included Motrin, tramadol, and Flexeril, it was reported. Well-preserved grip strength about the left hand was noted with significantly diminished shoulder range of motion appreciated. The applicant was described as deconditioned owing to his extended period of inactivity. A Home Health aide was sought. On August 13, 2015, the applicant was given rather proscriptive work restrictions. It did not appear that the applicant was working with said limitations

in place. A Home Health aide was again sought. The applicant was asked to continue physical therapy. The attending provider again stated that the applicant was using a wheelchair and cane to move about, but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued home health aide for 1 month: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Home health services.

Decision rationale: No, the request for a continued Home Health aide for one-month was not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, Home Health service is recommended only to deliver otherwise recommended medical treatments to the applicants who are homebound. Page 51 of the MTUS Chronic Pain Medical Treatment Guideline stipulates, however, however, the medical treatment does not include homemaker service such as shopping, cleaning, laundry, dressing, etc., i.e., the services seemingly being sought here. The attending provider seemingly suggested on progress notes of August 13, 2015 and July 13, 2015 that the Home Health aide was indicated to deliver assistance with activities of daily living. While more updated Medical Treatment Guideline (MTG) in the form of ODG's Chronic Pain Chapter Home Health Service Topic does recommend Home Health services on a short-term basis following major surgical procedures, here, however, the applicant was some three to four months removed from the date of the surgery, April 9, 2015, as of the dates (as of the request, July 13, 2015 and August 13, 2015). It was not clearly stated why Home Health services were indicated at this relatively late stage in the course of the applicant's postoperative recovery. The attending provider's July 13, 2015 and August 13, 2015 progress notes did not clearly state why the applicant was still in need of Home Health services. It was not clearly stated as to why the applicant was using a wheelchair and/or cane to move about. It was not clearly stated why the applicant could not compensate for the operated-upon left arm using the presumably dominant right arm. The attending provider's documentation, did not, in short, establish the presence of a significant residual impairment needed to justify continued usage of a Home Health aide some three to four months removed from the date of the injury. Therefore, the request was not medically necessary.