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| Case Number: | CM15-0161559 | | |
| Date Assigned: | 08/27/2015 | Date of Injury: | 05/16/2014 |
| Decision Date: | 09/30/2015 | UR Denial Date: | 08/12/2015 |
| 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: California
 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 68 year old female who sustained an industrial lifting injury to her left shoulder on 05-16-2014. The injured worker was diagnosed with rotator cuff tear, left shoulder acromioclavicular joint arthritis and supraspinatus tendon weakness. The injured worker is status post left shoulder arthroscopy with rotator cuff repair, debridement and subacromial decompression on November 10, 2014. Treatment to date has included diagnostic testing with left shoulder magnetic resonance imaging (MRI) on May 27, 2015 reporting a partial thickness tear of the rotator cuff and no evidence of a full thickness tear, surgery, physical therapy (24 sessions), left subacromial cortisone injection on April 23, 2015 and medications. According to the primary treating physician's progress report on July 30, 2015, the injured worker continues to experience left shoulder pain. Examination demonstrated exquisite tenderness to palpation of the acromioclavicular joint. Active forward elevation was noted to 70 degrees while passive range of motion was to 150 degrees. A click anteriorly in the subacromial space with impingement testing and with rotation of the humerus was documented. There was weakness noted of the supraspinatus tendon. Impingement test was positive. Current medications were not documented. Treatment plan consists of surgical intervention and the current request for a home caregiver 2 hours a day for 6 weeks following surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home caregiver 2 hours per day for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services, page 52.

Decision rationale: The patient underwent shoulder arthroscopy in November 2014. There are no post-operative complications or co-morbid medical history in need of home health. There is no history that the patient sustained post-operative complication and became homebound with slow progress, requiring home PT beyond post-op hospital therapy. Submitted reports have not adequately demonstrated the indication to support home health physical therapy per guidelines criteria with recommended outpatient treatment. Additionally, MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. There is no specific deficient performance issue evident as the patient has no documented deficiency and was independent prior to surgery without any clear progressive neurological deficits or new injury. Reports have unchanged chronic symptoms and does not appear to be homebound. The Home caregiver 2 hours per day for 6 weeks is not medically necessary and appropriate.