

Case Number:	CM15-0182184		
Date Assigned:	09/23/2015	Date of Injury:	05/09/2015
Decision Date:	10/27/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/16/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 51-year-old female who sustained an industrial injury on 05-09-2015. According to an operative report dated 08-18-2015, the injured worker was an otherwise healthy 51-year-old firefighter with pain in her left shoulder. The residual pain had been treated extensively conservatively without improvement. The provider noted that she was a candidate for biceps tenodesis and decompression. She underwent arthroscopic tenodesis long head of biceps tendon left shoulder, arthroscopic excision of distal clavicle left shoulder and arthroscopic revision of acromioplasty left shoulder. The provider documented no complications. According to a partially legible handwritten progress report dated 08-24-2015, the injured worker was 6 days post op left shoulder and was "doing ok". The provider's objective findings were noted as incision ok and sling on. Diagnoses included shoulder rotator cuff syndrome and shoulder biceps tendinitis. The treatment plan included sling x 2 weeks more. She was to remain off work until 10-18-2015. A prescription written on 08-13-2015 was as follows: "Will be in need of care by spouse following surgery on 08-18-2015 which will require full time care." On 09-03-2015, Utilization Review non-certified the request full time care (post-operative).

IMR ISSUES, DECISIONS AND RATIONALES

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

Full time care (post operative): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, "Home Health Services are recommended only for medical treatment in patients who are home-bound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration." There is no evidence in the records from 8/24/15 that the patient is home bound. There are no other substantiating reasons why home health services are required. Therefore, determination is not medically necessary.