

Case Number:	CM15-0185529		
Date Assigned:	09/25/2015	Date of Injury:	09/08/2009
Decision Date:	11/02/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/21/2015

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 64 year old male, who sustained an industrial injury on 9-8-2009. The injured worker was being treated for cervical spine musculoligamentous sprain, lumbosacral musculoligamentous sprain, right shoulder subacromial impingement syndrome, bilateral knee osteoarthritis status post multiple procedures, and head trauma. On 7-6-2015, the injured worker reported continued pain in the neck, right shoulder, back, and both knees. Associated symptoms included bilateral upper extremity weakness, radiating pain in the bilateral lower extremities, right lower extremity numbness, and bilateral lower extremity weakness. The injured worker is scheduled for right shoulder surgery on 8-26-2015. His activities of daily living are limited by 60% of normal and 40% improvement in pain with the use of medications. The physical exam (9-9-2015) revealed palpable tenderness and spasm of the cervical and lumbar paravertebral musculature, cervical flexion of 30 degrees and extension of 30 degrees, and lumbar flexion of 30 degrees and extension of 0 degrees. The right shoulder was non-tender with flexion of 155 degrees and abduction of 120 degrees. There was bilateral knee range of motion of 0 to 120 degrees, tenderness, healed incisions, and mild effusion. There was decreased sensation over the right patella. Per the treating physician (3-16-2015 report), an MRI from 12-4-2014 revealed full thickness supraspinatus tear, labral tear, and long head of biceps tendon tear. Treatment has included bilateral knee braces and medications including pain (Hydrocodone) and non-steroidal anti-inflammatory (Lodine). On 8-26-2015, the requested treatments included a home health aide 2 hours a day for 4 weeks. On 8-28-2015, the original utilization review non-certified a request for a home health aide 2 hours a day for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide 2 hours a day for 4 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 (ODG); Work Loss Data Institute, LLC; [REDACTED]; www.odg-twc.com; Section: Shoulder (Acute & Chronic) (updated 05/04/2015) Home health services.

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 9/9/15 that the patient is home bound. There are no other substantiating reason why home health services are required. Therefore determination is for non-certification and therefore is not medically necessary.