

Case Number:	CM15-0190339		
Date Assigned:	10/02/2015	Date of Injury:	01/08/2003
Decision Date:	11/12/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/28/2015

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: Illinois, California, Texas
 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:

This injured worker is a 54-year-old female who sustained an industrial injury on 1/8/03. Injury occurred when her shoe was caught on the plastic rollers of a chair, causing her to fall backwards. Past surgical history was positive for C5-7 discectomy on 3/4/14 and thoracic outlet surgery in December 2014. Past medical history was negative. The 7/14/15 pain management report documented a recent flare-up of neck and left upper extremity pain in post-operative physical therapy. Physical exam documented significant discomfort with right cervical laterocollis and diffuse left scalene, trapezius, and paracervical tenderness and guarding. She had a frozen left shoulder with moderate scalene tenderness and positive costoclavicular abduction test. Left shoulder surgery was pending. The pain management physician opined that she would need home care assistance after surgery 12 hours a week for 3 weeks as she lived alone to help her get through the post-operative period. The 8/6/15 treating physician letter stated that the injured worker would require home health care 4 hours per day for 4 weeks following her rotator cuff repair. Assistance was needed with household chores, shopping, bathing, cooking, and non-medical patient assistance. She underwent left rotator cuff repair surgery on 8/7/15. The 8/8/15 home health assessment form indicated that the injured worker was in need of home health assistance with activities of daily living. It was noted that she was independent in toileting, transfers, walking, bed mobility, eating, and telephone use. She needed assistance with dressing, bathing, grooming, meal preparation, and light housekeeping. Authorization was requested for post-operative home health care 4 hours per day for 4 weeks. The 8/25/15 utilization review non-certified the request for post-operative home health care 4 hours per day for 4 weeks. The

rational indicated that the provided documentation did not outline why the injured worker's family could not assist with her minimal care and there was no indication that she would have a delayed recovery for which 4 weeks of home health care would be medically necessary. Records documented that post-operative physical therapy was ordered and certified for 12 initial outpatient sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative home health care, four hours daily for four weeks: 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: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, 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. Medicare provides specific patient selection criteria for in home services, including the individual is confined to the home and the service must be prescribed and periodically reviewed by the attending physician. Additionally, the individual must be in need of skilled nursing care on an intermittent basis, or physical therapy or speech- language pathology; or have a continuing need for occupational therapy. Guideline criteria have not been met. There is no evidence that the patient is homebound. There are no evidence or physician recommendations evidencing the need for intermittent skilled nursing care or physical therapy in the home environment. Records documented that outpatient physical therapy had been ordered. Therefore, this request is not medically necessary.