

Case Number:	CM15-0190435		
Date Assigned:	10/02/2015	Date of Injury:	10/29/2009
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 59 year old female, who sustained an industrial injury on 10-29-2009. She has reported subsequent bilateral upper extremity pain, bilateral lower extremity pain, neck and back pain and was diagnosed with right rotator cuff tear, cervicalgia, bilateral knee internal derangement and lumbago. MRI findings of the right shoulder on 03-15-2014 showed old fracture of the humeral surgical neck with mild deformity, full thickness tear of the supraspinatus tendon and osteoarthropathy of acromioclavicular joint. Treatment to date has included pain medication, Cortisone injection, physical therapy, chiropractic therapy, transcutaneous electrical nerve stimulator (TENS) and surgery, which were noted to have failed to significantly relieve the pain. In a progress note dated 08-07-2015, the injured worker reported neck, upper back, bilateral shoulder, bilateral wrist, mid and low back and bilateral lower extremity pain with tingling and weakness in both arms, hands, feet and legs that was constant and severe. Pain was rated as an average of 7 out of 10, 6 at best and 10 at worst. The injured worker was noted to avoid a variety of activities including socializing and exercising and difficulty with activities of daily living and self-care due to pain. Objective examination findings revealed decreased range of motion of the cervical and lumbar spine, tenderness to palpation of the cervical and lumbar paraspinal muscles, positive Hawkin's test of the right shoulder and tenderness to palpation over the lateral epicondyle on the right. The physician noted that the injured worker had failed all medical treatment options and remained functionally impaired and dependent on opioid analgesics. A one-time multi-disciplinary evaluation was recommended to further evaluate and quantify functional deficits. An addendum report dated 08-19-2015 indicated that the injured worker was

scheduled for right shoulder arthroscopic decompression, evaluation of biceps tendon and rotator cuff repair. The injured worker was noted to live alone and to need in-home support services for at least the first week or two after surgery to help with transportation and chores. The injured worker was noted to be working full-time duties in a 05-06-2015 progress note but in a 07-01- 2015 progress note that injured worker was noted to be off work and was applying for state disability for her wrist. A request for authorization of postoperative in home support services (hours), quantity of 56 was submitted. As per the 08-31-2015 utilization review, the request for home support services (hours), quantity of 56 was modified to certification of postoperative in home support services (hours) quantity of 42.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative in home support services (hours), QTY: 56.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home health care services.

Decision rationale: Pursuant to the Official Disability Guidelines, postoperative in-home support (hours) #56 is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization to prevent hospitalization or to provide longer-term in-home medical care and domestic care services for those whose condition that would otherwise require inpatient care. Home health services include both medical and nonmedical services deemed to be medically necessary for patients who are confined to the home (homebound) and to require one or all of the following: skilled care by a licensed medical professional; and or personal care services for tasks and assistance with activities of daily living that do not require skilled medical professionals such as bowel and bladder care, feeding and bathing; and or domestic care services such as shopping, cleaning and laundry. Justification for medical necessity requires documentation for home health services. Documentation includes, but is not limited to, the medical condition with objective deficits and specific activities precluded by deficits; expected kinds of services required for an estimate of duration and frequency; the level of expertise and professional qualification; etc. In this case, the injured worker's working diagnoses are discontented cervical condition with facet inflammation: impingement syndrome shoulder left; impingement syndrome right shoulder; discogenic lumbar condition with radicular complement; internal arrangement need on the left; internal derangement of the right knee; carpal tunnel syndrome on the right; depression and sleep disorder and status post open reduction internal fixation ankle on the right. The date of injury is October 29, 2009. Request for authorization is August 19, 2015. According to a progress note dated July 1, 2015, subjective complaints include bilateral shoulder pain. The injured worker takes gabapentin for neuropathic pain, muscle relaxes the muscle spasms and morphine in Norco for pain. Objectively, there is significant tenderness along the lumbar paraspinal muscles and cervical paraspinal muscles and facets. The treating provider is re-requesting shoulder surgery.

According to a letter dated August 19, 2015, the injured worker is scheduled for a right shoulder arthroscopic decompression, evaluation of biceps tendon and rotator cuff repair. The treating provider indicates the injured worker will need in-home support services for at least the first week or two after surgery to assist with chores around the house, dressing, bathing, meal prep and grocery shopping. There is no documentation the injured worker is homebound. Home healthcare services both medical and nonmedical or medically necessary for injured workers who were confined to the home and require skilled care or personal care services, but homebound status is necessary. There is no documentation the injured worker, as noted above, is homebound. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, and no documentation the injured worker is homebound, postoperative in-home support (hours) #56 is not medically necessary.