

Case Number:	CM15-0196845		
Date Assigned:	10/12/2015	Date of Injury:	03/06/2014
Decision Date:	11/18/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/06/2015

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 58 year old female, who sustained an industrial injury on 3-6-14. The injured worker is being treated for derangement of joint of shoulder and carpal tunnel syndrome. Treatment to date has included right shoulder arthroscopy with rotator cuff repair, oral medications including Tramadol and Omeprazole, activity modifications and surgery 9-8-15. On 8-20-15, the injured worker is scheduled for right shoulder surgery and won't be able to use bilateral upper extremities after the surgery. Physical exam performed on 8-20-15 revealed restricted range of motion of bilateral shoulders with tenderness to palpation of anterior shoulders and positive impingement sign on of left shoulder and reduced sensation in bilateral median nerve dermatomal distribution. On 8-20-15 request for authorization was submitted for home health care 3 hours a day 4 days a week. On 9-10-15 request for home health care 3 hours a day 4 days a week was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care 3 Hours a Day, 4 Days a Week: 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 Care.

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 services.

Decision rationale: CA MTUS/ACOEM is silent on the issue of home health services. According to the ODG Pain section, Home health services, "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. 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." In this case the exam notes from do not demonstrate the patient is homebound to require the utilization of home health services. Therefore, the determination is for non-certification.