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| Case Number: | CM15-0207199 | | |
| Date Assigned: | 10/26/2015 | Date of Injury: | 03/24/2015 |
| Decision Date: | 12/07/2015 | UR Denial Date: | 09/30/2015 |
| Priority: | Standard | Application Received: | 10/21/2015 |

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: Montana, Oregon, Idaho
 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 53 year old female, who sustained an industrial injury on 3-24-15. The injured worker was diagnosed as having pain disorder; anxiety disorder NOS; major depression disorder; other psychological factors. Treatment to date has included status post right shoulder surgery (8-27-15) psychotherapy-biofeedback (x10); medications. Currently, the PR-2 notes dated 9-1-15 indicated the injured worker is a status post right shoulder "RCR, SAD, DCE [rotator cuff repair, subacromial decompression-distal clavicle excision; right proximal biceps tenodesis] and open biceps tenodesis on 8-27-15". She has a chief complaint of shoulder pain since 3-24-15. She has physical therapy, a MRI of the right shoulder, right shoulder steroid injection and then left shoulder steroid injection prior to her 8-27-15 surgery. She reports mild sharp pain in the right shoulder worse with lifting to the side. On physical examination, the provider notes "right shoulder exam, passive flexion to 140, internal rotation and external rotation both 50 degrees." The treatment plan is for the injured worker to begin physical therapy. He will defer the left shoulder surgery until the right shoulder has postoperatively improved. A PR-2 Psychological Status note dated 9-18-15 indicates the injured worker has had 10 total sessions of biofeed back and psychotherapy that started 4-27-15. Current complaints include chronic pain in head, neck, back, bilateral shoulders, right wrist and hand. Psychological complaints include headaches, dizziness, difficulty concentrating and mild stress. The provider to "increase use of active, independent pain-management skills, decreased depression and anxiety, improve sleep, and improve social, vocational and physical functioning" notes treatment goals. She reports increased activity and improved mood. However, she reported ongoing severe

headaches, word-finding problems, and confusion, such as difficulty with directions. She also described falling this week, hurting her knees. The focused discussion was on active self-care including diet, exercise, and cognitive restructuring. He is requesting "In home Support". A Request for Authorization is dated 10-20-15. A Utilization Review letter is dated 9-30-15 and non-certification for in home support with ADLs for pain disorder, anxiety disorder, MDD, psychological factors. A request for authorization has been received for in home support with ADLs for pain disorder, anxiety disorder, MDD, psychological factors.

IMR ISSUES, DECISIONS AND RATIONALES

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

In home support with ADLs for pain disorder, anxiety disorder, MDD, psychological factors: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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 the submitted medical records that the patient is home bound. There are no other substantiating reasons why home health services are required. Therefore, the request is not medically necessary.