

Case Number:	CM15-0021651		
Date Assigned:	02/11/2015	Date of Injury:	03/12/2012
Decision Date:	04/10/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/05/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old female injured worker suffered and industrial injury on 3/12/2012. The diagnoses were right shoulder end stage degenerative joint disease, diffuse regional myofascial pain and chronic pain syndrome. The diagnostic studies were The treatments were physical therapy, medications, pool therapy, cortisone injections, ice therapy and TENS unit. The treating provider reported right shoulder pain and left thumb pain as well as diffuse pain syndrome. She had impaired gait and very limited range of motion of the right shoulder. The Utilization Review Determination on 1/6/2015 non-certified Home Safety Evaluation, MTUS, ACOEM, ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Safety Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Safety Items http://www.aetna.com/cpb/medical/data/600_699/0623.html.

Decision rationale: MTUS and ODG are silent with regards to a home safety evaluation. The above cited guidelines state the following: "Throughout the house: Handrails on both sides of stairways inside and outside your home. Widen doorways to accommodate wheelchairs or walkers. Ramps for those using wheelchairs and walkers. Easy-open levered doorknobs. Remove throw rugs and scatter rugs or place non-slip padding underneath. Bathrooms and Kitchens: Easy on/off levered faucets in kitchen and bathroom sinks. Grab bars in the bathrooms and the showers. Level thresholds into showers. Moveable shower heads. Portable shower seats" There is insufficient documentation detailing the physical limitations of the employee and why the employee would specifically benefit from the above stated changes to her home. Therefore, the request for a home safety evaluation is not medically necessary.