

Case Number:	CM15-0026845		
Date Assigned:	02/18/2015	Date of Injury:	07/30/2014
Decision Date:	03/31/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/11/2015

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:

The injured worker is a 39 year old female who sustained an industrial related injury on 7/30/14. Injury occurred while lifting boxes over her shoulder. She was diagnosed with a right shoulder full thickness rotator cuff tear with biceps tendinitis. She underwent right shoulder arthroscopy with rotator cuff repair and anterior acromioplasty on 1/13/15. The 1/22/15 treating physician report indicated that the patient was doing well after surgery, however had significant pain in the right shoulder. She was unable to fill her prescription for Norco. She was taking Ultracet to manage her pain and wearing the sling at all times. The patient was instructed in Codman's exercises. She lives alone and it is difficult for her to perform daily activities due to her recent surgery. She is in a lot of pain and unable to care for herself. The treating physician requested authorization for a home health aide 4 hours per day for 4 weeks. On 2/3/15 the request for a home health aide was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted home health care services are recommended only for patients who are homebound. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide, 4 hours per day for 4 weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide 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, generally 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. 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 confined to home. There is no physician recommendations evidencing the need for intermittent skilled nursing care or physical therapy in the home environment. Therefore, this request is not medically necessary.