MAXIMUS Federal Services

Case Number:	CM15-0028662		
Date Assigned:	02/20/2015	Date of Injury:	04/15/2011
Decision Date:	04/03/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/17/2015

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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 56 year old female patient, who sustained an industrial injury on 04/15/2011. An operative report dated 01/30/2015 described the patient having undergone a diagnostic arthroscopic right shoulder procedure. The patient is found with a long history of right shoulder pain with failed responses to conservative treatments. A request was made for a home health evaluation/assessment. On 02/09/2015, Utilization Review, non-certified the request, noting both the CAMTUS and ODG, Home Health Services were cited. On 02/17/2015, the injured worker submitted an application for independent medical review of request service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Assessment #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51,Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Home Health Services.

Decision rationale: According to MTUS and ODG Home Health Services section, 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. Given the medical records provided, employee does not appear to be homebound. The treating physician does not detail what specific home services the patient should have other than: she would have difficulty with bathing because she does not have a walk I shower. Additionally, documentation provided does not support the use of home health services as medical treatment, as defined in MTUS. As such, the current request for Home health evaluation/assessment is not medically necessary.