

Case Number:	CM15-0029810		
Date Assigned:	02/23/2015	Date of Injury:	04/17/2010
Decision Date:	04/14/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/18/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60-year-old female, who sustained an industrial injury on 4/17/2010. The diagnoses have included other syndromes affecting cervical region, right impingement syndrome, advanced, and right partial thickness rotator cuff tear. Treatment to date has included surgical (2/04/2015 arthroscopic right shoulder surgery) and conservative measures. Currently, the injured worker complains of right shoulder soreness. Her right shoulder incision was clean, dry, and intact. Neurovascular status was intact to her right upper extremity. No range of motion was allowed to right shoulder and an immobilizer was noted. Home health assistance was requested due to immobilization of her right shoulder. On 2/12/2015, Utilization Review non-certified a request for home health assistance x6 weeks, noting the lack of compliance with MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Assistance X 6 Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home services Page(s): 51.

Decision rationale: This patient is status post right shoulder arthroscopic debridement and subacromial decompression on 2/4/15. The current request is for HOME HEALTH ASSISTANCE X6 WEEKS. MTUS Guidelines page 51 has the following regarding home service, "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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." This patient is status post shoulder surgery; however, the treating physician does not specify any medical care that the patient would need at home and there is no indication that the patient is homebound. In addition, MTUS Guidelines recommend generally up to no more than 35 hours per week and it is not clear on how many hours per visit this patient will require. Therefore, the request IS NOT medically necessary.