

Case Number:	CM15-0029976		
Date Assigned:	02/23/2015	Date of Injury:	03/20/2009
Decision Date:	04/09/2015	UR Denial Date:	02/09/2015
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: Minnesota, Florida
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 56 year old female who sustained a work related injury on March 20, 2009, after incurring injuries as an operator and transportation driver. She complained of diminished range of motion and pain in both shoulders. Treatment included a cervical epidural and trigger point injections. She was diagnosed with a rotator cuff tear, sprain and strain in the right shoulder. Other diagnoses included disc disorder of the lumbar region, thoracic/lumbosacral neuritis and radiculitis and a disorder of the coccyx. On February 9, 2015, a request for a service of six hours of in home care a week (3 hours) twice a week for four weeks following shoulder surgery was modified to a service of one week of home health care for a total of six hours for personal self care tasks and light homemaking tasks, by Utilization Review, noting the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: 6 hours of in home care a week (3 hours, 2 times a week times 4 weeks) following shoulder surgery: Upheld

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

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

Decision rationale: California MTUS chronic pain medical treatment guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry and personal care given by home health aides light bathing, dressing, and using the bathroom when this is the only care needed. The injured worker is scheduled for arthroscopic surgery on the dominant right shoulder. There is a history of cervical spondylosis and carpal tunnel syndrome bilaterally. Utilization review certified light housekeeping services and home health care for 1 week. The guidelines do not support housekeeping services or personal care given by home health aides. There is no documentation indicating that the injured worker will be homebound for 4 weeks. As such, the request for home health services for 4 weeks is not supported and the medical necessity of the request has not been substantiated.