

Case Number:	CM15-0045352		
Date Assigned:	03/17/2015	Date of Injury:	03/13/2006
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/10/2015

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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker was noted to be a 72-year-old female who reported an injury on 03/13/2006. The mechanism of injury was not provided. The documentation that was undated revealed the injured worker underwent surgery for her right shoulder on 01/23/2015. The injured worker was unable to drive herself to scheduled appointments for therapy or postsurgical follow-up. The injured worker had decreased sensation at C6 through C8 on the right, otherwise sensation was intact. The injured worker had tenderness in the neck paraspinal muscles with pain at extremes of all range of motion. The examination of the right shoulder revealed clean incisions. The examination of the left shoulder revealed mild evidence of scapulothoracic dyskinesia. The Hawkins and Neer test were positive. The cross adduction test was positive. The motor strength testing of the supraspinatus and external rotators revealed 4/5 strength with associated pain. The O'Brien's test, apprehension test, and relocation test were positive. There was no evidence of pain or instability with posterior axial loading test. There was tenderness over the bicipital groove. The range of motion was within normal limits. The diagnoses included right shoulder status post rotator cuff surgery and left shoulder acromioclavicular joint arthritis and severe calcific tendinitis. The treatment plan was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide, Post-operatively (unspecified amount): Upheld

Claims Administrator 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.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends home health services for injured workers who are homebound and who are in need of part time or "intermittent" medical treatment of up to 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. The clinical documentation submitted for review failed to provide a rationale for the request. There was a lack of documentation indicating the injured worker was in need of part time or intermittent medical treatment. Homemaker services and personal care services are not medically necessary treatment. The request as submitted failed to indicate the frequency and duration for the home health aide. Given the above and the lack of documentation, the request for home health aide, postoperatively, unspecified amount, is not medically necessary.