

Case Number:	CM15-0057764		
Date Assigned:	04/02/2015	Date of Injury:	08/06/2014
Decision Date:	05/08/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/26/2015

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 66 year old female, who sustained an industrial injury on 8/6/2014. She reported performing several back to back 90 minute massages. The injured worker was diagnosed as having a partial tear of rotator cuff and adhesive capsulitis of shoulder with surgical repair and deep vein thrombosis. Magnetic resonance imaging showed lumbar 4-5 stenosis. Treatment to date has included surgery, therapy and medication management. In a progress note dated 1/29/2015, the injured worker complains of right shoulder pain. The treating physician is requesting home health aide for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional home health aid for 4 weeks: Upheld

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

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

Decision rationale: This patient has a date of injury of 08/08/14 and is status post left shoulder arthroscopy with subacromial decompression and rotator cuff repair on 12/12/14. The current request is for additional home health aide for 4. The MTUS Guidelines Chronic Pain Medical Treatment Guidelines page 51 has the following regarding home health services, "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." Progress report dated 01/29/15 states that the patient is overall doing better and making progress. The treating physician states that "she is still very disabled regarding the ability to cook, clean, perform hygiene and dress herself and needs assistance on a daily basis". In this case, the patient is status post shoulder surgery and presents with residual pain. The requested home care is for assistance with homemaker services and personal hygiene, which does not constitute "medical treatment" per MTUS guidelines. 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. MTUS recommends home health care assistance for patients that require medical treatment and that are homebound. This request IS NOT medically necessary.