MAXIMUS Federal Services

Case Number:	CM15-0082216		
Date Assigned:	05/04/2015	Date of Injury:	02/19/2009
Decision Date:	06/03/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/29/2015

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, Pain Management

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 61-year-old male who sustained a work related injury February 19, 2009. According to a primary treating physician's supplemental report, dated March 17, 2015, the injured worker underwent a left shoulder arthroscopic rotator cuff repair and acromioplasty March 12, 2015. Post-operative instructions were to remain in the immobilizer until his post-operative appointment and do not actively abduct or extend his left shoulder. Diagnoses included sprain/strain of the cervical spine with 4mm disc herniation at C6-7 (MRI, 2010); right shoulder rotator cuff tendinosis and partial tear; left shoulder rotator cuff tendinosis and partial tear; internal derangement and meniscus tear, left knee. His neighbor has helped him in the past but cannot now and a request for authorization was made for home care at two hours/day for five days/week for the next two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care 2 hours per day for 5 days a week for the next two 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 x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 51 of 127.

Decision rationale: Regarding the request for home care, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. In the absence of such documentation, the currently requested home care is not medically necessary.