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| Case Number: | CM15-0088260 | | |
| Date Assigned: | 05/12/2015 | Date of Injury: | 09/22/2007 |
| Decision Date: | 06/16/2015 | UR Denial Date: | 04/13/2015 |
| Priority: | Standard | Application Received: | 05/07/2015 |

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 (IW) is a 56-year-old female who sustained an industrial injury on 09/22/2007. Diagnoses include lumbar radiculitis, status post L5-S1 hemilaminectomy for right lumbar radiculitis, status post cervical fusion with revision, status post left shoulder arthroscopic rotator cuff repair, decompression, distal clavicle resection and open biceps tenodesis. Treatments to date include medications, physical therapy (PT), epidural steroid injections, trigger point injections and home exercise. An MRI of the left shoulder dated 4/7/15 showed evidence of rotator cuff and superior labral repair as well as synovitis, debris and possible loose soft tissue bodies, which could include chondral fragments, most prominent posteriorly. The progress notes dated 3/23/15 stated the IW had complaints of continuing neck pain, low back pain, left shoulder pain, migraine headaches, pain at the iliac crest donor site, depression and insomnia. According to the Supplemental Report/RFA dated 4/4/15, the IW reported inability to groom her hair, clean her house and complete simple activities of daily living due to her chronic pain and loss of use of her left shoulder. She requested some intermittent home care assistance. On examination, the left shoulder was frozen with tenderness and impingement and the lumbar spine was tender with positive straight leg raise bilaterally. In addition, she continued to recover from a cervical spine fusion revision in 2014. A request was made for home care assistance three hours a day, three days per week for one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care assistance 3 hours a day, 3 days per week for 1 month: Upheld

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

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

Decision rationale: Per the 04/04/15 report, the requesting physician states the patient presents with frozen left shoulder and impingement with depressed mood s/p L5-S1 hemilaminectomy in 2010, s/p cervical spine fusion in 2012, and s/p rotator cuff repair left shoulder in April 2013. Per the 05/11/15, report by [REDACTED] the patient is a candidate for left shoulder surgery. The current request is for home care assistance 3 hours a day 3 days per week for 1 month. The RFA is not included; however, the 04/13/15 utilization review states it is dated 04/06/15. The patient is temporarily totally disabled. MTUS guidelines page 51 states, 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, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004)" The requesting physician states this request is to assist with ADLs due to chronic pain and weakness as well as the loss of use of the left upper extremity. The treater further notes the patient is unable to care for herself, clean, groom and shop. The MTUS guidelines state that homemaker services like shopping and personal care given by home health aides like bathing and dressing are not included in medical treatment when this is the only care provided. The reports provided for review do not explain what other medical treatment is needed. While the patient has limitations due to chronic pain, there are no organic basis such as a stroke, paralysis or other medical condition that prohibits self-care and performing ADL's. The patient is not post-operative either, although shoulder surgery is being requested. The request IS NOT medically necessary.