

Case Number:	CM13-0041981		
Date Assigned:	12/20/2013	Date of Injury:	03/22/2012
Decision Date:	05/06/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/16/2013

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. The expert reviewer is Board Certified in Family Practice, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

A 69 yr. old female claimant sustained a work injury on 2/23/12 both involving both shoulders. An MRI showed left supraspinatus tear and a teres minor tear of the right shoulder. She required arthroscopic left shoulder decompression, distal clavicle resection and rotator cuff repair. The physician noted on 9/27/13 the treating physician noted the claimant lives alone and would require help with bathing, dressing, hygiene and housework. It was noted that she would require several months of therapy as well. A request was made for home health: EIGHT (8) HOURS PER DAY, FIVE (5) DAYS PER WEEK FOR ONE (1) WEEK FOLLOWED BY FOUR (4) HOURS PER DAY, FIVE (5) DAYS PER WEEK FOR TWO (2) WEEKS to initiate after shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH ASSISTANCE, EIGHT (8) HOURS PER DAY, FIVE (5) DAYS PER WEEK FOR ONE (1) WEEK FOLLOWED BY FOUR (4) HOURS PER DAY, FIVE (5) DAYS PER WEEK FOR TWO (2) WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SHOULDER PROCEDURE SUMMARY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

Decision rationale: 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. In this case, the request was based on assisting with many home care services which are not supported by the guidelines and therefore not medically necessary.