

Case Number:	CM14-0182965		
Date Assigned:	11/07/2014	Date of Injury:	08/09/2012
Decision Date:	12/11/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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:

The patient is a 64-year-old female presenting with a work-related injury on August 9, 2012. The patient was diagnosed with left shoulder RTC (rotator cuff) tear and right shoulder arthroscopy RTC repair on February 4, 2012. The patient has tried physical therapy 18 visits, Occupational Therapy 12 visits, acupuncture x 18 visits. MRI of the right shoulder showed full tear of the distal anterior leading edge of the supraspinatus tendon which is mildly progressed compared to the prior MRI on September 9, 2012; tear is not clearly full thickness and retracted 2.6 cm medial collateral the level of the real had an extensive 1.9 cm anterior to posterior to the conjoined tendon level; moderate subscapularis tendinosis with fraying of the articular surface fibers; morphology and medial subluxation of the long head biceps tendon at the level of the proximal bicipital groove; moderate arthrosis at the acromioclavicular joint with a lateral docile being a chromium narrowing the lateral supraspinatus outlet and mild subacromial/subdeltoid bursitis; partial thickness chondrol loss is seen along the superior humeral head, that evaluated on present exam; small glenohumeral joint effusion with mild synovitis. The physical exam was significant for intact neurovascular bundle, the patient is clean/dry/contact, without erythema to the right shoulder. On August 25, 2014 the physical exam showed much improvement and right shoulder with range of motion and strength, worsening symptoms and left shoulder. The doctor noted that there was a need for home exercise program and home stretching to increase range of motion of left shoulder prior to surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op left shoulder home health services for 21 visits per 2 hours a day: 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: Per CA MTUS, page 51, Home health services are "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 claimant was diagnosed with left shoulder RTC tear and right shoulder arthroscopy RTC repair. The claimant does not have a medical condition that denotes her as homebound on part-time or full time basis. Therefore, the request is not medically necessary.