

Case Number:	CM14-0021517		
Date Assigned:	07/02/2014	Date of Injury:	05/24/2011
Decision Date:	09/08/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/20/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 47 year old employee with date of injury of 5/24/2011. Medical records indicate the patient is undergoing treatment for chronic neck pain; right shoulder full thickness tear; chronic low back pain with underlying 3-4 mm disk bulging L5-S1, no improvement; right and left knee contusion/strain, improved; dental/jaw pain, improved; abdominal and right upper quadrant pain, improved; urinary incontinence, no improvement; status-post left shoulder rotator cuff repair (10/01/2012), improved. Subjective complaints include complaints of neck pain at 8/10; right shoulder pain at 8/10; left shoulder pain 5/10; low back pain 7/10; bilateral knee pain 6/10 with occasional locking of the left knee. She complains of occasional abdominal pain at a 6/10 and occasional dental/jaw pain rated at 5/10. The patient is being followed by a urologist. Objective findings include: JAMAR: Right, 08-06-04, Left, 12-10-08; Shoulder exam: Range of motion (ROM) FF 165 tenderness on the right acromioclavicular joint, supraspinatus tendon, impingement sign and painful ROM, rotator cuff strength 4/5 with impingement. Lumbar spine: muscle spasm present; painful ROM, tenderness to palpation at the bilateral paraspinal musculature. Ultrasound Bilateral Shoulder (1/28/2012): full thickness tear of supraspinatus tendon. MRI Lumbar Spine: (5/15/2012): 3-4mm disc bulging at L5-S1. On 4/16/2013, [REDACTED], Urologist, recommended a cystoscopy. Treatment has consisted of right shoulder abduction pillow sling, Vicodin, home exercise kit; Motrin, 800mg, status-post right shoulder rotator cuff repair (2/3/2014) and the physician requested an authorization for home health for 4 hours a day, 7 days a week. The utilization review determination was rendered on 2/3/2014 recommending non-certification of home health care 4 hrs/day x 7 days/wk for post right shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 4 hrs/day x 7 days/wk for post right shoulder surgery: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Home Health Services.

Decision rationale: According to MTUS and ODG Home Health Services section, "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." Given the medical records provided, employee does not appear to be "homebound". Additionally, documentation provided does not support the use of home health services as 'medical treatment', as defined in MTUS. As such, the current request for home health care 4 hrs/day x 7 days/wk for post right shoulder surgery is not medically necessary.