

Case Number:	CM14-0029509		
Date Assigned:	03/19/2014	Date of Injury:	06/01/2011
Decision Date:	05/07/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/08/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 is a 68-year-old female was injured on 6/1/11. Recent clinical records for review indicate the claimant to be with a diagnosis of status post rotator cuff repair as well as degenerative joint disease to the left knee for which surgical arthroplasty is being recommended. She apparently is also with a failed rotator cuff for which a total shoulder arthroplasty is being recommended in the future. At present, total joint arthroplasty is noted. There is a post-operative request specific to total joint arthroplasty including the need for a home care attendant twenty hours per week for a total of thirty days post-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME ATTENDANT CARE FOR 10 - 20 HOURS PER WEEK X 30 DAYS POST-SURGERY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg, Home Health Services

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

Decision rationale: Based on Chronic Pain Medical Treatment Guidelines, home care attendant for twenty hours per week for a total of thirty days would not be indicated. Home health care is

only indicated for medical treatment in the homebound on a part-time or intermittent basis. The clinical records in this case would not indicate the claimant being homebound for the time frame being requested. It is also unclear as to what particular services the "attendant" would be performing. The lack of documentation of discernible medical treatment in the time frame for which requested as being recommended would fail to necessitate the specific request at this time.