

Case Number:	CM14-0097114		
Date Assigned:	07/28/2014	Date of Injury:	04/23/2012
Decision Date:	10/01/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/25/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 injured worker is a 58-year-old who was injured on April 23, 2012 due to cumulative trauma. The diagnoses listed as sprain of neck. The most recent progress note dated 5/6/14, reveals complaints of increased pain and requires assistance with activities of daily living including household chores, cooking, and personal hygiene. The injured worker is currently able to perform simple activities. Prior treatment includes right shoulder arthroscopy and Mumford procedure and post-operative physical therapy. A prior utilization review determination dated 6/4/2014 resulted in denial of home care assistance for four hours per day for seven days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home-Care Assistance for 4hours per Day x 7days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11) Chapter 7-Home Health Services, section 50.2 (Home Health Aide Services)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Care Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Home Health care Other Medical Treatment Guideline or Medical Evidence: Centers for Medicare & Medicare Services (CMS). Medicare and Home Health Care. 2004. Medicare Coverage of Home Health Care

Decision rationale: This is a 58-year-old injured on April 23, 2012. She has subsequently undergone shoulder arthroscopy and Mumford procedure on 1/22/14. [REDACTED] on 5/6/14 has documented the claimant has problems with pain about the shoulder that inhibits the claimant in performing activities of daily living such as household chores and personal hygiene. The claimant is noted to have attended physical therapy post operatively, presumably on an outpatient basis. CAMTUS and ODG clearly states that the claimant must be home bound in order to qualify for home health care. Furthermore it is for provision of medical care and specifically excludes household chores, cooking and personal care. This is consistent with CMS Medicare coverage of Home Health Care as stated in 2004 regulations. There is no documentation of the claimant being home bound. There is no documentation of requirements for any specific medical care as defined by the citations. Therefore, the request for Home-Care Assistance, four hours daily for seven days, is not medically necessary or appropriate.