

Case Number:	CM14-0211317		
Date Assigned:	12/24/2014	Date of Injury:	03/09/2001
Decision Date:	02/27/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 55 year old patient with date of injury of 03/09/2001. Medical records indicate the patient is undergoing treatment for left shoulder impingement syndrome, S/P a right RTC repair, upcoming left shoulder decompression surgery. Subjective complaints include left shoulder pain, low back pain. Objective findings include slow, guarded gait, right side antalgic lean and tenderness over central lower back and left buttocks, left shoulder tenderness. Ultrasound (unknown date) revealed left shoulder impingement syndrome. Treatment has consisted of left shoulder arthroscopic SAD/distal clavicle resection, Coolcare cold therapy and physical therapy. The utilization review determination was rendered on 12/04/2014 recommending non-certification of Home Health Caregiver Assistance 4 hours a day 7 days a week for 4 weeks post left shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Caregiver Assistance 4 hours a day 7 days a week for 4 weeks post left shoulder arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines and Official Disability Guidelines (ODG)

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 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, the patient does not appear to be "homebound". The treating physician does not detail what specific home services the patient should have. 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 Caregiver Assistance 4 hours a day 7 days a week for 4 weeks post left shoulder arthroscopy is not medically necessary.