MAXIMUS Federal Services

Case Number:	CM14-0216130		
Date Assigned:	01/06/2015	Date of Injury:	04/29/2011
Decision Date:	02/28/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/24/2014

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, the injured worker is a 27 year-old female with a date of injury of 04/29/2011. The results of the injury include neck pain and right shoulder pain. Diagnoses have included right shoulder impingement syndrome, tendinitis, and De Quervain's tenosynovitis. Diagnostic studies have included an MRI of the right shoulder, dated 04/30/2014, which revealed thickening and edema of the superficial fibers of the supraspinatus tendon; fluid in the sub-acromion and sub-deltoid bursae; and AC joint hypertrophy and laterally down-sloping acromion with spur at the tip. Treatments have included medications, right acromioclavicular joint cortisone injection, and physical therapy. Medications have included Ibuprofen. A progress note from the treating physician, dated 11/26/2014, documented a follow-up visit. The injured worker reported continued right shoulder pain, and minimal pain relief from the right acromioclavicular joint cortisone injection, which was administered on 11/11/2014. Objective findings included tenderness upon palpation of the right acromioclavicular joint; active range of motion right: forward flexion: 180 degrees, external rotation at 90 degrees of abduction (70 degrees), internal rotation at 90 degrees of abduction (60 degrees), and abduction (120 degrees); positive cross-body test; and strength right: abduction 5/5 (with pain) and flexion 5/5. Work status is noted as: remain off work. The plan of treatment includes continuing right shoulder exercises; recommendation for right shoulder arthroscopy with debridement vs mini-open RC repair, sub-acromial decompression, possible modified AC arthroplasty, possible debridement of labrum, and possible excision of distal lateral clavicle; and follow-up visit in 4-6 weeks. Request is being made for Home Health Aid (8 hr/day, 5 days/week x 4 weeks) (total

hours) QTY: 160.On 12/16/2014, Utilization Review non-certified a prescription for Home Health Aid (8 hr/day, 5 days/week x 4 weeks) (total hours) QTY: 160. Utilization Review non-certified a prescription for Home Health Aid (8 hr/day, 5 days/week x 4 weeks) (total hours) QTY: 160 based on the medical necessity of that service not being established in the medical documentation. The Utilization Review cited the CA MTUS, 2009, Chronic Pain Medical Treatment Guidelines (07/18/2009): Home Health Services.Application for independent medical review was made on 12/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aid (8 hr/day, 5 days/week x 4 weeks) (total hours) QTY 160: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

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

Decision rationale: Regarding the request for Home Health Aide, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, there is no documentation that the patients is homebound and in need of a specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. In the absence of such documentation, the currently requested Home Health Aid QTY 160 is not medically necessary.