

Case Number:	CM14-0216335		
Date Assigned:	01/06/2015	Date of Injury:	01/06/2014
Decision Date:	03/03/2015	UR Denial Date:	12/11/2014
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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 62 year old male with a work related injury dated 01/06/2014 during a motor vehicular accident while working as a field service. According to a primary physician's progress report dated 10/30/2014, the injured worker presented with complaints of bilateral shoulder pain. Diagnoses included lumbar, sacrum, and bilateral shoulder sprain/strain. Treatments have consisted of physical therapy, chiropractic therapy, acupuncture, and medications. According to a more recent progress report dated 12/17/2014, the injured worker is status post left shoulder arthroscopy, arthroscopic rotator cuff repair, subacromial decompression, and distal clavicle resection. Diagnostic testing included left shoulder x-ray on 01/06/2014 which showed some small degenerative cysts on the rotator cuff footprint and an apparent type II acromion. MRI of the left shoulder on 03/20/2014 showed full thickness tearing of the distal anterior supraspinatus tendon, low grade partial thickness tear of the infraspinatus tendon, low grade partial thickness tearing of the subscapularis tendon, mild fatty atrophy of the supraspinatus, and type II acromion and moderate subacromial-subdeltoid bursitis. MRI of the right shoulder showed low grade partial thickness tearing of the infraspinatus with high grade partial thickness tearing of the supraspinatus and supraspinatus muscle atrophy consistent with grade I, some partial thickness biceps tearing with tendinosis and a paralabral cyst noted with a type II acromion, and moderate subacromial-subdeltoid bursal effusion. Work status is noted as working with limited use of left hand, overhead work, stooping and bending, lifting, pushing and pulling up to 25 pounds restrictions at 10/30/2014 note and total temporary disability at 12/17/2014 note. On 12/11/2014, Utilization Review non-certified the request for Home Care Assistant - Post Operative citing

California Medical Treatment Utilization Schedule Home Health Services Guidelines. The Utilization Review physician stated that the guidelines do not support custodial type care. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines recommend the use of home health services for those who are homebound and for a maximum of thirty-five hours per week. The worker must have a skilled need, not just require homemaker assistance. The documentation concluded the worker was experiencing pain in the left shoulder and lower back pain and stiffness. There was no discussion sufficiently detailing the workers homebound status, unmet skilled medical needs, or special circumstances that would sufficiently support the need for these services. In the absence of such evidence, the current request for a home care assistant is not medically necessary.