

Case Number:	CM15-0100102		
Date Assigned:	06/02/2015	Date of Injury:	11/14/2014
Decision Date:	06/30/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

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:

The injured worker is a 55 year old male, who sustained an industrial injury on November 14, 2014. He reported left shoulder pain after a large filing cabinet fell and hit his left shoulder, pushing it into a wall. The injured worker was diagnosed as having instability of the left shoulder joint, degenerative joint disease of the shoulder, painful orthopedic hardware and broken hardware. Treatment to date has included diagnostic studies, radiographic imaging, conservative care, medications and work restrictions. Currently, the injured worker complains of continued left shoulder pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on November 24, 2014, revealed a painful left shoulder joint with decreased range of motion. He reported two previous shoulder surgeries on the left side following an injury in the 1970's, an industrial injury in the 1980's and after re-injury in the 1990's when he was hit by a car. He reported two previous right shoulder surgeries and a history of severe headaches. Evaluation on December 3, 2014, revealed continued pain as noted. Computed tomography of the left shoulder revealed a broken corticol screw, osteoarthritis and no fracture or dislocation. Left shoulder fusion of total replacement was recommended. Evaluation on March 31, 2015, revealed continued pain. He reported being unable to sleep secondary to feeling the shoulder move around. He was unable to lift the arm secondary to pain. Surgical intervention was further discussed. Physical therapy and home care were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Nurse/Physical Therapist 2 x 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder (updated 4/3/15), Home Health Services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Home health services.

Decision rationale: The claimant sustained a work injury in November 2014. He has a history of two prior left shoulder surgeries. He continues to be treated for left shoulder pain. When seen, he was having severe pain with shoulder movements. He was having difficulty sleeping. He was using a shoulder sling. He had decreased and painful shoulder range of motion with decreased strength. Testing was limited and instability could not be ruled out. A third surgery was being considered and expected to be a complex procedure. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. In this case, the patient is attending outpatient visits. He has long-standing significant left shoulder impairment and does not currently require home-based care. The request is not medically necessary.