MAXIMUS Federal Services

Case Number:	CM15-0117172		
Date Assigned:	06/25/2015	Date of Injury:	12/27/2012
Decision Date:	08/25/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/18/2015

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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 a work related injury December 27, 2012. Past history included arthroscopic rotator cuff repair x 2. According to an orthopedic physician's notes dated April 22, 2015, the injured worker presented with complaints of chronic right shoulder pain, rated 8/10. He has undergone multiple arthroscopic procedures to the shoulder due to his ongoing pain and impaired mobility. He has to support his shoulder with pillows in bed to sleep. On examination of the right shoulder, there is atrophy, crepitus, and tenderness present in the glenohumeral joint, anterior glenoid. SLAP tests right positive rotator cuff, belly press right positive, Hawkins right positive, cross body right positive, Neer's right positive. An MRI of the right shoulder, dated February 20, 2015,(report present in the medical record) revealed prior rotator cuff repair with suture anchors in the greater tuberosity and lesser tuberosity compatible with biceps tenotomy and tendinosis. There is a full thickness tear of the supraspinatus tendon, retracted to the glenohumeral joint line. There is severe tendinosis and chronic appearing partial tear of the deep fibers of the subscapularis tendon; mild to moderate rotator cuff arthropathy with chondral loss along the superior humeral head and superior glenoid. Assessment is documented as osteoarthritis, shoulder; full thickness rotator cuff tear; stiffness of the right shoulder joint. Treatment plan included a request for a right total shoulder arthroplasty and 12 outpatient physical therapy sessions which were approved. At issue is the request for authorization for home health nurse, home health physical and occupational therapy, hospital stay for 3 days, and the purchase of a cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital stay for 3 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Hospital length of stay.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Hospital length of stay.

Decision rationale: The median hospital length of stay for a total shoulder arthroplasty is 2 days per ODG guidelines. The mean is 2.3 days and the best practice target is 2 days. As such, the request for a 3 day hospital length of stay is not supported and the medical necessity of the request has not been substantiated.

Purchase of cold therapy unit: 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, Continuous flow-cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder. Topic: Continuous flow cryotherapy.

Decision rationale: ODG guidelines indicate continuous flow cryotherapy is an option after shoulder surgery for 7 days. It reduces pain, swelling, inflammation, and the need for narcotics after surgery. Use beyond 7 days is not recommended. As such, although rental for 7 days is supported, purchase of the unit is not supported and the medical necessity of the request has not been substantiated.

Home health physical therapy and occupational therapy 2-3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS chronic pain guidelines indicate home health services are recommended only for otherwise recommended medical treatment for patients who are homebound. The documentation submitted does not indicate that the patient will be homebound for 4 weeks. As such the request for home health physical therapy is not supported and the medical necessity of the request has not been substantiated.

Home health nurse for wound check once a week for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health services.

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

Decision rationale: The California MTUS chronic pain guidelines indicate home health services are recommended only for otherwise recommended medical treatment for patients who are homebound. The documentation submitted does not indicate that the patient will be homebound for 4 weeks. As such the request for home health nursing care is not supported and the medical necessity of the request has not been substantiated.