

Case Number:	CM15-0121990		
Date Assigned:	07/08/2015	Date of Injury:	10/07/2014
Decision Date:	08/05/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/24/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a male, who sustained an industrial injury on October 7, 2014, incurring multiple injuries. He was diagnosed with a neck muscle strain, thoracic spine sprain, right foot sprain, right wrist sprain and left shoulder muscle strain. Magnetic Resonance Imaging of the left shoulder revealed a labrum tear. Cervical spine Magnetic Resonance Imaging was unremarkable. Treatment included chiropractic sessions, steroid injection, anti-inflammatory drugs, neuropathic medications, and work modifications with modifications. Currently, the injured worker complained of upper back and left shoulder pain and stiffness with worsening pain, discomfort and weakness. The treatment plan that was requested for authorization included a Home Health aide 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 aide post left shoulder arthroscopy: Upheld

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

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

Decision rationale: Pursuant to the Official Disability Guidelines, home health aide post left shoulder arthroscopy is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization to prevent hospitalization or to provide longer-term in-home medical care and domestic care services for those whose condition that would otherwise require inpatient care. Home health services include both medical and nonmedical services deemed to be medically necessary for patients who are confined to the home (homebound) and to require one or all of the following: skilled care by a licensed medical professional; and or personal care services for tasks and assistance with activities of daily living that do not require skilled medical professionals such as bowel and bladder care, feeding and bathing; and or domestic care services such as shopping, cleaning and laundry. Justification for medical necessity requires documentation for home health services. Documentation includes, but is not limited to, the medical condition with objective deficits and specific activities precluded by deficits; expected kinds of services required for an estimate of duration and frequency; the level of expertise and professional qualification; etc. In this case, the injured worker's working diagnoses are neck muscle strain; thoracic spine sprain; left shoulder muscle strain; lumbar muscle sprain improved; right foot sprain; and right wrist sprain. The date of injury is October 7, 2014. The request for authorization is May 18, 2015. The most recent progress note in the 10 page medical record is dated January 22, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization May 18, 2015. The January 22, 2015 note indicates the treating provider is administering a left shoulder injection. There is no discussion of upcoming surgery or a clinical indication on rationale for home health aide services. Consequently, absent contemporaneous clinical documentation with a progress note on or about the date of request for authorization, a clinical indication and rationale for home healthcare services, home health aide post left shoulder arthroscopy is not medically necessary.