

Case Number:	CM15-0126519		
Date Assigned:	07/13/2015	Date of Injury:	09/23/2011
Decision Date:	08/06/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/30/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 59 year old male with a September 23, 2011 date of injury. A progress note dated May 11, 2015 documents subjective complaints (neck and right upper extremity difficulties; feels the cervical spine condition is worsening), objective findings (still has limited motion and strength; crepitus with range of motion of the shoulder and overall tenderness about the acromioclavicular joint greater tuberosity), and current diagnoses (right full thickness rotator cuff tear; acromioclavicular joint arthrosis). Treatments to date have included medications, imaging studies that showed acromioclavicular joint arthrosis and a rotator cuff tear with three centimeters of retraction, and lumbar spine surgery. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included registered nurse assessment for post-operative wound care and home aid.

IMR ISSUES, DECISIONS AND RATIONALES

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

RN assessment for Post-operative wound care and home aid: 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), Knee & Leg, Skilled nursing facility (SNF) care; Shoulder, Home health services.

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

Decision rationale: The California MTUS section on home health states: Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. 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. (CMS, 2004) The provided clinical documentation for review does not define the request for home aid and therefore compliance with guidelines as cited above cannot be determined. Therefore the request is not medically necessary.