

Case Number:	CM15-0129098		
Date Assigned:	07/15/2015	Date of Injury:	03/18/2014
Decision Date:	08/17/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/02/2015

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, 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:

The injured worker was a 56 year old female, who sustained an industrial injury, March 18, 2014. The injured worker previously received the following treatments Tramadol. The injured worker was diagnosed with left rotator cuff tear left shoulder impingement syndrome and status post left shoulder surgery on June 25, 2015. According to progress note of June 17, 2015, the injured worker's chief complaint was increased left shoulder pain and requesting an increase in pain medications. The injured worker was unable to sleep, due to the increased left shoulder pain. The physical exam noted tenderness with palpation of the left shoulder. The treatment plan included home health care for 2 weeks for 4 hours per day to assist status post left shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care for two weeks, four hours a day for seven days a week s/p left shoulder surgery scheduled for 6/22/15, a total of 56 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Care.

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

Decision rationale: CA MTUS states that home health services (HHS) are recommended 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, laundry and personal care given by home health aides, like bathing, dressing and using the bathroom when this is the only care needed. In this case, the request is for 56 hours/week, which far exceeds the guidelines. The claimant has no expected or documented complications from her surgery on the left shoulder that requires home health care. She still has complete use of her right upper extremity. Therefore, the request is deemed not medically necessary.