

Case Number:	CM15-0175330		
Date Assigned:	09/16/2015	Date of Injury:	01/15/2011
Decision Date:	10/19/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/04/2015

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: Arizona, California
 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 is a 57-year-old male, with a reported date of injury of 01-15-2011. The diagnoses include left shoulder impingement syndrome. Treatments and evaluation to date have included physical therapy. The diagnostic studies to date have included an MRI of the right shoulder on 03-21-2013 which showed evidence of distal supraspinatus tendon repair with intact rotator cuff; a urine drug screen on 09-19-2014 with negative findings; an x-ray of the cervical and lumbar spine on 01-09-2015 which showed narrowing of the L4-5 disc space; an MRI of the left shoulder on 03-19-2015 which showed mild supraspinatus tendinopathy without evidence of supraspinatus tendon tear, mild to moderate degenerative change at the acromioclavicular joint and mild degenerative change at the inferior aspect of the glenohumeral joint; and an MRI of the right shoulder on 10-29-2014 which showed mild degenerative changes of the acromioclavicular joint. The medical report dated 08-27-2015 indicates that the injured worker continued to show 90 degree of forward flexion and 70-80 degrees of lateral abduction with positive impingement of the right shoulder. The treating physician indicated that the injured worker would have a right shoulder arthroscopy over the following coming weeks. The injured worker had increased clicking and pain to the point where he had to overuse his left shoulder. Therefore, he developed significant pain in the region of his rotator cuff of the left shoulder. The treatment plan included a home health caregiver so that the physicians could proceed with the injured worker's surgical treatment as he lived completely alone and had no one to help him postoperatively with his activities of daily living. The treating physician requested a home health caregiver three times a week for five weeks. On 09-01-2015, Utilization Review (UR) non-certified the request for a home health caregiver three times a week for five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health caregiver 3 times daily for 5 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: Home health services are 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. In this case, the request was for activities of daily living rather than direct medical care. Specific interventions that are not related to daily activities of living were not specified to justify 30 hours of home health weekly. As a result, the request is not medically necessary.