

Case Number:	CM15-0060650		
Date Assigned:	04/06/2015	Date of Injury:	09/23/2011
Decision Date:	05/26/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/30/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old male, who sustained an industrial injury on 09/22/2011. He has reported subsequent right shoulder pain and was diagnosed with right full thickness rotator cuff tear and AC joint arthrosis. Treatment to date has included oral pain medication, epidural steroid injections and physical therapy. In a progress note dated 02/16/2015, the injured worker complained of shoulder pain. Objective findings were notable for crepitus with range of motion of the shoulder and tenderness over the AC joint greater tuberosity, supraspinatus fossa and parascapular region. The physician noted that the injured worker would likely undergo surgery of the right shoulder and that if he proceeded with surgery it was recommended that he receive an RN assessment for postoperative wound care. A request for authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

RN assessment for postoperative wound care as needed: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg; Skilled nursing facility (SNF) care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic), Home Health Services.

Decision rationale: The patient has not received formal authorization to move forward with surgical repair of full thickness rotator cuff tear at this time. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. The Official Disability Guidelines recommend home health services only for recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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. Postoperative wound care is considered medical treatment by the Official Disability Guidelines. I am reversing the previous utilization review decision. RN assessment for postoperative wound care as needed is medically necessary.