

Case Number:	CM15-0063559		
Date Assigned:	04/09/2015	Date of Injury:	08/29/2014
Decision Date:	05/08/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/03/2015

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: Emergency 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 65 year old male who sustained a work related injury August 29, 2014. While pushing and pulling carts, he felt a pop and pain in his right shoulder. He was treated with 6 sessions of physical therapy, ice, Advil and diclofenac, which was stopped due to elevated blood pressure. According to a primary treating physician's progress report, dated March 16, 2015, the injured worker presented with complaints of right shoulder pain, dizziness, and requesting assistance at home with care, since he is recovering from surgery. He underwent a right shoulder massive rotator cuff repair, retracted tear with double row of anchors, revision of biceps tenotomy, debridement including chondroplasty, acromioplasty, bursectomy, synovectomy, performed March 12, 2015. The injured worker took two tabs of Norco every two hours the day before this visit. Diagnoses included right tendonitis; right degenerative joint disease; right sprains/strains of the shoulder and upper arm; right rotator cuff tear; hypertension; hypotension. The injured worker was hypotensive at this visit and according to the physician, could be a combination of some dehydration and taking Norco, not as directed. He is being transferred to a hospital emergency room for intravenous fluids and a workup. The physician requests authorization for a home health aide for the next several weeks, while the injured worker is in a sling.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE OVER THE NEXT SEVERAL WEEKS WHILE THE PATIENT IS IN AN IMMOBILIZER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES.

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

Decision rationale: The requested home health aide over the next several weeks while the patient is in an immobilizer, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 51, Home health services, note that 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." The injured worker has underwent a right shoulder massive rotator cuff repair, retracted tear with double row of anchors, revision of biceps tenotomy, debridement including chondroplasty, acromioplasty, bursectomy, synovectomy, performed March 12, 2015. The treating physician has not documented what specific home health services are being requested nor their medical necessity nor the specific duration or frequency of use. The criteria noted above not having been met, home health aide over the next several weeks while the patient is in an immobilizer is not medically necessary.