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| Case Number: | CM15-0072598 | | |
| Date Assigned: | 04/22/2015 | Date of Injury: | 09/04/2014 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 04/09/2015 |
| Priority: | Standard | Application Received: | 04/16/2015 |

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: New York, Tennessee

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 62 year old male, who sustained an industrial injury on September 4, 2014. He has reported right shoulder pain. Diagnoses have included right rotator cuff tear. Treatment to date has included medications, therapy, ice, rotator cuff repair, and imaging studies. A progress note dated March 27, 2015 indicates a chief complaint of right upper arm contusion, and right shoulder pain and weakness. The treating physician documented a plan of care that included additional home nursing visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional RN Home Health visits Qty: 2.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 78.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that home health services are recommended only for recommended medical treatment in 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 personal care like bathing, dressing, or toileting and it does not include homemaker services like shopping, laundry, or cleaning. The care requested in this case included assistance with the activities of daily living and transportation. These services are not covered. The request is not medically necessary.