

Case Number:	CM15-0075978		
Date Assigned:	04/27/2015	Date of Injury:	07/14/2013
Decision Date:	05/29/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/20/2015

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: Internal 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 an industrial injury on July 14, 2013. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having right rotator cuff impingement, acromioclavicular arthrosis, biceps tendinitis, and a labral tear. Diagnostic studies were not included in the provided medical records. Treatment included physical therapy, work modifications, a shoulder injection, and non-steroidal anti-inflammatory. On January 2, 2015, the injured worker underwent a right shoulder arthroscopic acromioplasty, Mumford, biceps tenodesis, extensive debridement of labral and rotator cuff tears, and manipulation under anesthesia. Postoperatively he was treated with a sling, pain medication, ice, and physical therapy. On January 8, 2015, the injured worker reports moderate pain control with his pain medication. He continues in a sling. The physical exam revealed dry right shoulder wounds with moderate bruising, decreased passive range of motion with pain and guarding, and symmetrical biceps. There was a normal neurovascular exam. The treating physician noted x-rays were obtained postoperatively. The treatment plan includes postoperative rehabilitation. He was not to use his arm and continue in the sling for 6 weeks. The requested treatment is a home health certified nursing assistant 3 hours per day for 2 weeks status post right shoulder surgery on January 2, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Post-op Home Health CNA 3 hours/day x 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 51) addresses home health services. Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound. 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. Home health services are recommended only for medical treatment. Medical treatment does not include homemaker services like shopping, cleaning, and laundry. Medical treatment does not include personal care given by home health aides like bathing, dressing, and using the bathroom. Medical treatment does not include home health aides. The patient sustained a work-related injury on 7/14/13 to the right shoulder. The patient underwent right shoulder arthroscopic surgery on 1/2/15. The request was for a home health certified nursing assistant three hours per day for two weeks. The request on 2/13/15 requested a certified nursing assistant for home health given. The progress report on 2/11/15 documented right shoulder pain. The treatment requested included retroactive request for home health assistance for cooking, cleaning, hygiene postoperatively. The written request on 1/8/15 requested assistance at home cooking, cleaning, hygiene, transportation three hours a day for fourteen days. The 1/8/15 progress report did not document functional impairment of the lower extremities or left upper extremity. The 2/17/15 progress report did not document functional impairment of the lower extremities or left upper extremity. Per MTUS, home health services are recommended only for patients who are homebound. The patient is not homebound. Per MTUS, home health services 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. Therefore, the request for home health services is not supported by MTUS guidelines, and is not medically necessary.