

<b>Case Number:</b>	CM13-0016105		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	08/25/2009
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Indiana, Michigan, Nebraska and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 39-year-old female who reported a work related injury on 08/25/2009, as a result of cumulative trauma. The patient presents for treatment of the following diagnoses, times 3 right shoulder rotator cuff surgeries, most recent having been performed on 04/02/2013, cervical spine pain, lumbar spine pain, morbid obesity, opioid dependency, benzodiazepine dependency, barbiturate dependency, and chronic pain syndrome. The current submitted request was based off the patient's postoperative clinical picture in 04/2013. Clinical note dated 04/30/2013 reports the patient was seen under the care of [REDACTED], Psychologist. The provider documents the patient presents status post right shoulder surgery performed on 04/02/2013. The provider documented the patient was utilizing a sling, having less pain, and had limited ability to use her right upper extremity. The patient had been limited in completion of activities of daily living. The patient required ongoing housekeeping and care taking assistance from her mother and her spouse. The provider documented the patient reported her mother provides at least 6 hours of home care, laundry, meal prep, and housekeeping per day. In addition, the patient was paying someone to assist with heavy housekeeping. The patient reported a significant psychological overlay to include depression and anxiety postoperatively. The provider requested psychotherapy, psychiatric evaluation and treatment, transportation to and from both medical and nonmedical affairs, as well as authorization for housekeeping home healthcare 6 hours per day 7 days per week to assist with personal care, housekeeping, cleaning, laundry, meal prep, shopping, childcare and other home care needs

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH AIDE X 4 HOURS PER DAY FOR 5 DAYS PER WEEK FOR THREE MONTHS QTY: 60.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**Decision rationale:** The current request is not supported. While the patient did present postoperative to a third rotator cuff repair to her right shoulder in 04/2013, the current request for assistance with activities of daily living to include laundry, housekeeping, assistance with childcare would not be evidenced as medically necessary per California MTUS Guidelines. As California MTUS indicates 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. Given the above, the request for home health aide x4 hours per day for 5 days per week for 3 months, quantity 60.00 is not medically necessary or appropriate