

Case Number:	CM13-0030379		
Date Assigned:	12/04/2013	Date of Injury:	09/19/2012
Decision Date:	01/23/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/30/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 53-year-old female who reported an injury on 09/19/2012. The mechanism of injury was noted to be a motor vehicle accident. The patient had surgery on 08/12/2013, which included arthroscopy of the right shoulder with rotator cuff repair, subacromial decompression, and superior and anterior labral debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

home nurse evaluations and treatment/home health aide to help with home duties: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, and generally for up to 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. A recommendation was made for a home health

aide to help with the patient's home duties. As the medical records submitted for review do not provide specific medical treatment that the patient requires at home from a home health aide, and the guidelines state that medical treatment does not include homemaker services or personal care given by home health aides when that is the only care needed, and there is no documentation stating the patient is home-bound, the request is not supported. For this reason, the request is non-certified.