

<b>Case Number:</b>	CM13-0030890		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	02/19/2012
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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 Occupational Medicine, 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:

Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; prior right knee arthroscopy; consultation with a shoulder surgeon, who has apparently endorsed shoulder surgery; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of September 23, 2013, the claims administrator denied a request for home healthcare assistance, reportedly to facilitate performance of activities of daily living following shoulder surgery. The applicant's attorney subsequently appealed. A clinical progress note of July 25, 2013 is notable for comments that the applicant is a former psychiatric technician who has apparently elected to pursue a shoulder surgery. On August 28, 2013, the primary treating provider sought home healthcare assistance to facilitate performance of activities of daily living following a planned right shoulder arthroscopy on October 18, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home care assistance, 8 hours per day, 7days per week for two weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule (MTUS) Citation Index, Clinical Topics.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, home health services which are specifically not covered include delivery of assistance of activities of daily living such as cooking, cleaning, shopping, etc. "when this is the only service being requested." In this case, it appears, in fact, that assistance of activities of daily living is the only home health service being sought postoperatively. This is not covered, according to page 51 of the Chronic Pain Medical Treatment Guidelines. The request for home care assistance, 8 hours per day, 7days per week for two weeks, is not medically necessary or appropriate.

**Home care assistance which is then reduced to 4 hours per day, 3 days per week, for four weeks,:**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule (MTUS) Citation Index, Clinical Topics.

**Decision rationale:** The attending provider specifically sought home healthcare to facilitate performance of non-medical activities of daily living postoperatively, including cooking, cleaning, assistance of activities of daily living, etc. Such requests are specifically not covered, according to page 51 of the Chronic Pain Medical Treatment Guidelines when this is the "only care needed." In this case, no other medical services were sought. The home healthcare assistance being requested is not covered, according to page 51 of the Chronic Pain Medical Treatment Guidelines. The request for home care assistance which is then reduced to 4 hours per day, 3 days per week, for four weeks, is not medically necessary or appropriate.