

Case Number:	CM13-0039322		
Date Assigned:	12/18/2013	Date of Injury:	12/01/2012
Decision Date:	02/24/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/04/2013

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, has a subspecialty in Interventional Spine 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:

This patient is a 62-year-old female, date of injury, 12/01/2012. According [REDACTED], 09/09/2013, patient presents with chief complaints of right shoulder pain and the patient is status post right rotator cuff repair, subacromial decompression, distal clavicle excision from 09/04/2013. This report states, "She has no resources at home as her husband works. She needs a home health aide for 4 hours a day 3 days a week to assist with bathing, dressing, assistance with activities of daily living (ADLs). She will need this for 1 month".

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide 4 hours/day 3 days/week for 1 month: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Home Health services

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

Decision rationale: This patient presents with chronic shoulder pain, is status post shoulder surgery on 09/04/2013 for subacromial decompression, rotator cuff repair, and clavicle resection. The treating physician, [REDACTED], indicates in his report, 09/09/2013, that the patient requires

home help for 1 month following surgery as the patient is not able to care for herself. The patient's husband works. This request for home help 4 hours a week 3 times a week for 1 month was denied by utilization review letter, 09/12/2013 stating that ODG Guidelines advise home health services for only those who are homebound on a part time or intermittent basis and the medical treatment should not include homemaker services such as shopping, cleaning, or laundry, and personal care. I agree that the MTUS Guidelines state that home health services is only recommended for those who are homebound on a part time or intermittent basis and that medical treatment does not include homemaking services. However, review of the report shows that the patient would be homebound at least on a part-time basis for several weeks or more following surgery. This patient underwent right shoulder surgery including rotator cuff repair and distal clavicle resection on 09/04/2013. The treating physician's request for 1 month of home health aide for 4 hours 3 times a week appears quite medically reasonable. The request was for help with bathing, dressing, and assistance with activities of daily living. Recommendation is for authorization.