

<b>Case Number:</b>	CM13-0048203		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Neurology, has a subspecialty in neuromuscular 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:

The employee is a 49-year-old male, who sustained a work-related injury on September 14, 2012. Subsequently, he developed right shoulder pain and cervical strain. According to the progress notes dated on October 3, 2013, the employee was complaining of right shoulder pain and strain, with tenosynovitis and osteoarthritis. The employee underwent a right shoulder arthroscopy on October 2, 2013. His provider requested authorization for home health service.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health care assistance - four (4) hours per day, seven (7) days per week for one to two (1-2) weeks post-operatively and then reduced to four (4) hours per day, three (3) days per week for four to five (4-5) weeks (per report dated 9/30/13): Upheld**

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

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

**Decision rationale:** The Chronic Pain Guidelines indicate that home care is recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. The guidelines also

indicate that 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. The employee does not fulfill the requirements mentioned above. There is no documentation that the employee recommended medical treatment required a home health aide. There is no documentation of the employee's postsurgical functional assessment. Therefore the request for home care is not medically necessary.

**Home health assistance - five (5) hours per day, three (3) days per week for six (6) weeks (per report dated 10/3/13): Upheld**

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

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

**Decision rationale:** The Chronic Pain Guidelines indicate that home care is recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. The guidelines also indicate that 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. The employee does not fulfill the requirements mentioned above. There is no documentation that the employee recommended medical treatment required a home health aide. There is no documentation of the employee's postsurgical functional assessment. Therefore the request for home care is not medically necessary.