

<b>Case Number:</b>	CM13-0049504		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/22/2011
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 61-year-old female who reported an injury on 05/22/2011. The mechanism of injury was cumulative trauma. A review of the medical record revealed the patient diagnoses include status post left shoulder arthroscopy, and on 10/23/2013 by [REDACTED], rotator cuff repair, right shoulder full thickness supraspinatus tear, impingement, acromioclavicular degenerative joint disease, lumbar spine sprain and strain, with bilateral lower extremity radiculopathy spondylosis, cervical spine sprain and strain, bilateral thumb carpometacarpal osteoarthritis, bilateral carpal tunnel syndrome, and right wrist De Quervain's syndrome. The patient underwent an arthroscopic left rotator cuff repair performed with extreme difficulty because of the extensive nature of the tear, the amount of soft tissue retraction, and amount of scar tissue formation required extensive operating on 10/23/2013. The patient also underwent arthroscopic subacromial decompression, left shoulder, arthroscopic distal clavicle resection or Mumford procedure, extensive debridement of superior degenerative type 1 SLAP tear, and biceps tenotomy and debridement of biceps stump performed by [REDACTED] on 10/23/2013. Objective findings upon examination revealed the patient had tenderness noted over periscapular and trapezius muscles. Range of motion was limited in all planes. Impingement test was positive. Examination of the lumbar spine revealed tenderness over the paraspinal muscles with mild spasms noted. Range of motion was limited in all planes of the lumbar spine. Straight leg raise test was positive with radiating symptoms to bilateral lower extremities down to the mid calf. It is stated in the request for authorization dated 09/18/2013 that the request for home health was necessary due to the patient having difficulty performing household chores, as well as cooking. It is stated that the patient would require assistance with self care including grooming, bathing, and dressing. The patient would require assistance with transportation to doctor's visits,

therapy visits, as well as other errands such as grocery shopping because she was unable to drive herself.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Home Assistance activities of daily living Activities Of Daily Living (ADL)'s: 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 Home health services Page(s): 51.

**Decision rationale:** Per the California MTUS Guidelines, it is stated that home health services are recommended for patients who are homebound, or on a part time or intermittent basis, generally up to no more than 35 hours a week. It is stated that medical treatment does not include homemaker services like shopping, cleaning, and laundry. Home health services are also not recommended for personal care given by home health like bathing, dressing, and using the bathroom when this is the only care needed. It is stated in the clinical note dated 09/13/2013 that the patient would require the services of home health assistance for self care including grooming, bathing, and dressing, and that the patient would also require someone to run errands with her, take her to and from her doctor's appointments, and grocery shopping. There is no documentation after the surgery was performed on 10/23/2013 that suggests that the patient requires the use of a home health agent for any services other than personal care. Medical necessity for this service cannot be determined at this time, and the request for home assistant activities of daily living is non-certified.