

<b>Case Number:</b>	CM13-0050476		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic arm and shoulder pain reportedly associated with a crush injury of April 4, 2012. Thus far, the applicant has been treated with analgesic medications, attorney representation, unspecified amounts of physical therapy over the life of the claim, a shoulder subacromial corticosteroid injection, MRI imaging of the injured shoulder of February 21, 2013, suspicious for suspected tears of multiple rotator cuff tendons and extensive periods of time off of work, on total temporary disability. In a progress note of December 4, 2013, the claims administrator states that the applicant has persistent shoulder complaints. It is stated that the applicant is unable to proceed with the proposed surgery until she has postoperative help with activities of daily living. The applicant lives alone and will need help to perform activities of daily living postoperatively. She is presently on Tramadol, Vicodin, Ketoprofen, and Tizanidine. 4/5 to 5/5 shoulder strength is noted with painful shoulder range of motion noted. The applicant's flexion and abduction are limited to 95 degrees. Positive signs of internal impingement are noted. The applicant is a single mother, it is stated. She will have to wear a sling for six weeks postoperatively and will not be able to dress herself, perform activities of daily living, or wipe herself without assistance. She is placed off of work, on total temporary disability, and is asked to obtain postoperative home health care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**post operative home health care x 7 days: 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:** As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment in applicants who are homebound or bedbound or unable to attend outpatient office visits to obtain said medically necessary services. Services which could potentially be covered include IV fluid infusion, IV antibiotic infusion, home physical therapy, home occupational therapy, etc. In this case, however, the attending provider has sought the home health aide to facilitate the applicant's performance of activities of daily living such as cooking, cleaning, bathing herself, etc. Such services are specifically not covered, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore the request for post operative home health care x 7 days is non certified.