

Case Number:	CM13-0055669		
Date Assigned:	12/30/2013	Date of Injury:	08/23/2005
Decision Date:	03/18/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/18/2013

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:

The patient is a 55 year old male with date of injury 8/23/05. The current request is for Home Care Assistance. The treating physician supplemental report dated 11/6/13 states that the patient is preparing for rotator cuff surgery and will be unable to care for himself post surgically and will require assistance with household chores, some aspects of self care and personal hygiene. No other clinical information or diagnosis is listed in the 11/6/13 report. The utilization review report dated 11/18/13 denied Home Care Assistance based on MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care assistance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder (updated 6-12-13) home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

Decision rationale: The patient has chronic left shoulder pain with scheduled left shoulder rotator cuff surgery. The treating physician requested post surgical Home Care Assistance to

assist with "household chores, some aspects of self care, and personal hygiene". The request was for 8 hours per day, 56 hours per week for the first 4 weeks, then 28 hours per week for 4 weeks then 12 hours per week. The MTUS guidelines state "Home health services: 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. 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 guidelines are clear that Home Health Services are for medical treatment only and not for homemaker services. Furthermore, the current requested number of hours exceeds what is allowed per ODG guidelines. Recommendation is for denial.