

<b>Case Number:</b>	CM13-0061465		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/03/2006
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 ABFP, has a subspecialty in California and is licensed to practice in ABPM. 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 51 year old male claimant sustained a work injury on 10/3/06 that resulted in chronic left wrist and elbow pain, cervical spine pain, left shoulder derangement, lumbar pain and carpal tunnel. He has received arthroscopy of his shoulders, synovectomy of his glenohumeral joints, shoulder injections and rotator cuff repair. The claimant had received post-operative therapy but continued to have trouble with pain with activities of daily living. In Oct 2013 a request was made for home-health services for assistance with house chores.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Home health services are 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. Since the claimant is requesting home health for activities of daily living, it is not medically necessary.