

<b>Case Number:</b>	CM14-0003633		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	03/24/2010
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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 expert 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 injured worker is a 63 year old female who reported an injury on 03/24/2010. Per the clinical note dated 11/04/2013 the injured worker was scheduled for surgery related to significant loss of range of motion to right shoulder. The diagnoses for the injured worker included severe osteoarthritis of the right shoulder and severe ankylosis of the right shoulder. Per the operative report dated 11/19/2013 the injured worker underwent surgery to remove the hardware from the right shoulder, had a total shoulder arthroplasty and long head of the biceps tenodesis. Clinical note dated 12/09/2013 reported the injured worker was being recommended extending aide to help with cooking and cleaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **HOME HEALTH 4 HOURS PER DAY X 6 DAYS PER WEEK X4 MORE WEEKS:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Per the CA MTUS Home Health services are only recommended for 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. There was documentation regarding the injured worker's needs related to assistance with ADL's, cooking and cleaning. The guidelines state that home health services do not include homemaker services such as cooking and cleaning. Therefore, the request for home health 4 hours per day, 6 days a week for 4 more weeks is not medically necessary or appropriate.