

Case Number:	CM14-0006821		
Date Assigned:	02/07/2014	Date of Injury:	11/13/2012
Decision Date:	06/09/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/15/2014

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 patient is a 60 year old female whose date of injury is 11/13/12. The patient was helping a client transfer from a chair to a wheelchair when he started to fall and the patient held him with his full weight to help him sit down safely. The patient felt pain to the right shoulder, right arm and upper back. The patient was initially treated conservatively with physical therapy and cortisone injections to the shoulder. Note dated 12/11/13 indicates that the patient is scheduled for right shoulder surgery on 12/18/13. The patient was told she needed to have someone with her for 24 hours after the surgery. Therefore, 24 hours of home health care were requested for hygiene, dressing and one meal. Home health aide for activities of daily living (ADLs) and hygiene has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE FOR ACTIVITIES OF DAILY LIVING (ADL'S) AND HYGIENE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OME HEALTH SERVICES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OME HEALTH SERVICES Page(s): 51.

Decision rationale: Based on the clinical information provided, the request for home health aide for activities of daily living (ADLs) and hygiene is not recommended as medically necessary. The patient was recommended for surgical intervention to the right shoulder; however, there is no operative report or postoperative assessment submitted for review. CA MTUS guidelines support home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis. CA MTUS guidelines state that 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 submitted records fail to document that the patient is homebound on a part-time or intermittent basis. There is no documentation that the patient requires any medical treatment, and the service to be provided is help with activities of daily living and hygiene.