

<b>Case Number:</b>	CM14-0100314		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/17/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 64 year old male was reportedly injured on July 17, 2013. The mechanism of injury is undisclosed. The most recent progress note, dated February 7, 2014, indicated that there were ongoing complaints of left shoulder pain. The physical examination demonstrated 150 degrees of passive flexion, and no active motion in the left upper extremity (secondary to unrelated cerebrovascular accident) with some tenderness noted anteriorly. Diagnostic imaging studies noted multiple films of the upper extremity to be within normal limits. Previous treatment included conservative care, shoulder arthroscopy, and physical therapy. A request was made for home health care and was not certified in the preauthorization process on June 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**7 DAYS OF HOME HEALTH CARE (8 HOURS A DAY):** Upheld

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

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

**Decision rationale:** The records reflect that this was a shoulder injury and that shoulder arthroscopy was completed. Subsequent to the arthroscopy, the shoulder was placed in a sling. There was no clinical indication presented that eight hours of home healthcare be necessary to treat this injury. Furthermore, as outlined in the Medical Treatment Utilization Schedule (MTUS), medical treatment does not include homemaker services like shopping, cleaning, and laundry or personal care. Therefore, based on the clinical information presented for review, this is not medically necessary.