

<b>Case Number:</b>	CM14-0102476		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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, 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 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 52 year old with an injury date on 8/1/11. The patient complains of left shoulder pain with tingling of all left digits and hand per 6/10/14 report. The patient uses left shoulder sling, has been off work for 4 months, and is on Gabapentin and Celebrex per 6/10/14 report. The patient reported an increase in pain and an inability to put on shirt per 6/4/14 report. Based on the 6/4/14 progress report provided by [REDACTED] the diagnoses are: 1. s/p (status post) left shoulder arthroscopic debridement and excision of calcific tendinopathy, subacromial decompression, rotator cuff repair, distal clavicle excision; 2. chronic cervical strain; 3. underlying cervical degenerative spine disease, secondary left C5-6 stenosis; 4. mild cervical radiculopathy, ulnar and median neuropathy on EDS. An exam on 6/4/14 showed "shoulder range of motion is mildly restricted on the left. Positive end range pain with active motion left shoulder." [REDACTED] is requesting home health aid 4 hours/day x 5 days/week x 90 days (DOS 6/15/14 - 9/14/14). The utilization review determination being challenged is dated 6/13/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/7/14 to 6/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Aid 4 Hours/Day x 5 Days/Week x 90 Days (DOS 6/15/14 - 9/14/14): 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:** This patient presents with left shoulder pain and is s/p left shoulder rotator cuff surgery from 2/6/14. The treating physician has asked for home health aid 4 hours/day x 5 days/week x 90 days (DOS 6/15/14 - 9/14/14). Regarding home health services, MTUS recommends 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. In this case, the treating physician indicates that the patient is unable to dress herself but does not discuss any other deficits. The patient does not have any problems with ambulation and no other ADL (activity of daily living) issues. Therefore, the request is not medically necessary.