

<b>Case Number:</b>	CM14-0109018		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/16/1997
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Alabama and New York. 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 47 year old female who had a work related injury on 11/16/97. The injured worker had a shoulder injury and has had at least two surgeries, previous one on 6/6/14. There was a follow up visit from 6/18/14 at which time, she was to be in an immobilizer for another 5 weeks and home health services for 5 weeks were requested and questioned here.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Assistance x 5 Weeks During Immobilization, Left Shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Based on the CA MTUS Chronic Pain Medical Treatment Guidelines, home health assistance is recommended only for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. In addition, 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. It is not clear what services the injured worker needs at this time based on the available medical records but the available information does not suggest that any

medical or skilled services are needed. Therefore, this request for Home Health Assistance x 5 Weeks during Immobilization, Left Shoulder is not necessary.