

<b>Case Number:</b>	CM14-0175728		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	02/27/2014
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Occupational Medicine 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:

This is a 55-year-old male with a 2/27/14 date of injury to his left shoulder secondary to repetitive lifting for which he underwent a rotator cuff repair on 4/15/14. He was most recently seen on 9/29/14 where it was noted the patient was scheduled for a right rotator cuff repair, the left shoulder was noted to still be weak. Exam findings revealed left shoulder abduction and forward flexion was 160 degrees, and mild deficits with external and internal rotation. The diagnosis is a full thickness rotator cuff rupture of the right shoulder with plans for operative repair. The request for home health care and transportation was for an upcoming rotator cuff repair to the right shoulder. Treatment to date: steroid injections, PT, medications (to left shoulder), HEP. The UR decision dated 10/9/14 denied the request as there was insufficient documentation to certify the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Operative Home Health Nurse two (2) hours daily for three (3) weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS states that home health services are recommended 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. A surgical repair of the right shoulder is apparently planned per a progress note dated 9/29/14. However, there is no documentation that the patient has actually had a rotator cuff repair of the right shoulder to date. There is no evidence that the patient will require medical services to be rendered at home, or that the patient would be homebound. Therefore, the request for Post-Operative Home Health Nurse two (2) hours daily for three (3) weeks is not medically necessary.