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| <b>Case Number:</b>   | CM14-0177204 |                              |            |
| <b>Date Assigned:</b> | 10/30/2014   | <b>Date of Injury:</b>       | 03/14/2013 |
| <b>Decision Date:</b> | 12/05/2014   | <b>UR Denial Date:</b>       | 10/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/27/2014 |

### 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 and Colorado. 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 51-year-old female who reported injury on 03/14/2013. The mechanism of injury was not provided. Prior therapies included physical therapy. The injured worker was noted to be approved for right shoulder arthroscopy with subacromial decompression, debridement, rotator cuff repair, and a possible distal clavicle resection on 08/11/2014. Prior studies included electrodiagnostic studies and an MRI. The injured worker's medications included Flexeril, Terocin patches, and omeprazole. Documentation of 09/17/2014 revealed the injured worker had right shoulder pain. The injured worker had a positive Speed sign and impingement sign. The diagnosis was right shoulder impingement. The documentation indicated the injured worker was set for surgical intervention and was in need of a home health aide 3 times per week x3 weeks to assist with activities of daily living. There was a Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Services: Home Health Aide for three times a week for three weeks:**  
Upheld

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

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

**Decision rationale:** The California Medical Treatment & Utilization Schedule recommends home health services for injured workers who are homebound and who are in need of part time or "intermittent" medical treatment of up to 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. The clinical information submitted for review failed to indicate the injured worker would be home bound and that the injured worker was in need of medical treatment. The documentation indicated the request was made for a home health aide for personal care. This would not be supported through the guidelines. Given the above, the request for associated surgical services Home Health Aide for activities of daily living assistance 3 times per week for 3 weeks is not medically necessary.