

<b>Case Number:</b>	CM14-0184634		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	11/29/2013
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 & Rehabilitation 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 injured worker is a 59-year old female who reported injury on 11/29/2013. The mechanism of injury was not provided. The injured worker's diagnoses included status post right shoulder hemiarthroplasty for fracture. The injured worker's past treatments included medication, physical therapy, and surgery. The injured worker's surgical history included right shoulder hemiarthroplasty for fracture. On the clinical note dated 09/18/2014, the injured worker complained of right shoulder pain. The injured worker had tenderness to palpation over the trapezius muscle, limitation of motion to the right shoulder with 35 degrees flexion and 20 degrees abduction. The request was for housekeeping services, 2hrs/day, every 2 weeks, for the next 3 months. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 housekeeping services, 2hrs/day, every 2 weeks, for the next 3 months: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Home health services

**Decision rationale:** The Official Disability Guidelines recommended home health services for medical treatment of patients who are homebound, on a part-time or "intermittent" basis. 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. There is a lack of documentation of the rationale for housekeeping services. The medical records indicate the injured worker is attending physical therapy. There is a lack of documentation indicating the injured worker's inability to perform housekeeping type duties. Additionally, the medical records lack documentation indicating the injured worker lives alone, and does not have family members that are able to provide these services. Based on the documentation submitted for review, the injured worker does not meet the guideline's criteria for the request. As such, the request for 1 housekeeping services, 2hrs/day, every 2 weeks, for the next 3 months is not medically necessary.