

<b>Case Number:</b>	CM14-0024819		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 64-year-old female who reported an injury on 08/09/2012. The mechanism of injury was not provided. On 02/12/2014, the injured worker presented with right shoulder pain. Upon examination of the right shoulder, there was no tenderness to palpation, sensation intact, and no swelling or erythema noted. Prior therapy included surgery, physical therapy, and medications. The diagnoses were impingement syndrome, supraspinatus, and biceps tendon long head. The provider recommended an additional 14 visits of home health aide on 02/19/2014. The provider stated that the injured worker lives at home and does not have help for ADLs. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL 14 VISITS OF HOME HEALTH AIDE ON 02/19/2014: 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 request for an additional 14 visits of home health aide on 02/19/2014 is not medically necessary. California MTUS recommends home health services for injured workers who are homebound on a part-time or intermittent basis, generally up to no more than 35 hours a 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 restroom when these are the only care needed. The included medical documentation does not state if the injured worker was homebound on a part time or intermittent basis and there was a lack of documentation indicating the injured worker needed medical treatment at home. The provider stated that the injured worker needed help with ADLs; however, the guidelines do not recommend personal care given by home health aides for use of home health services. As such, the request is not medically necessary.