

<b>Case Number:</b>	CM14-0027480		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	05/22/2011
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 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 claimant is a 61-year-old female injured in a work-related accident on May 23, 2011. The records available for review document a left shoulder injury, for which with the claimant is status post an October 23, 2013, arthroscopic rotator cuff repair, subacromial decompression and distal clavicle excision. A follow-up report dated January 6, 2014, noted continued complaints of pain with only 30 percent improvement from the shoulder procedure. The records do not specify subsequent treatment. A February 7, 2014, follow-up note documents physical examination findings of 148 degrees of flexion, tenderness at end points and with range of motion, and possible impingement. The claimant was diagnosed as status post left shoulder rotator cuff repair. This request is for post-operative home health care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST-OP HOME HEALTH CARE FOR LEFT SHOULDER:** Upheld

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

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

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, the request for home health care would not be supported in this case. The Chronic Pain Guidelines require that the patient be homebound, on a part-time or intermittent basis. The reviewed records do not indicate that the claimant would have been homebound on a part-time or intermittent basis post-operatively. In addition, at time of the request, four months had elapsed since the claimant's surgery. At the subacute stage of treatment, the request for home health care would not be indicated as medically necessary. Therefore, the request is not medically necessary.