

<b>Case Number:</b>	CM14-0031896		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/22/2005
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 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 who is a 41-year-old female who reported an injury on 08/22/2005 due to an unknown mechanism. On 01/15/2014 the injured worker underwent an arthroscopic right shoulder subacromial decompression and distal clavicle resection or Mumford procedure and an extensive debridement bursal surface partial thickness rotator cuff tear. On 06/06/2014 the injured worker complained of right shoulder and neck pain with mild, intermittent, weakness ache and soreness of the right shoulder. On the physical examination the injured worker objective findings were the right shoulder active range of motion flexion was 160 degrees, extension 90 degrees, abduction 172 degrees, adduction 45 degrees internal rotation and external rotation was at 70 degrees. The left shoulder active range of motion flexion was 100 degrees, extension 40 degrees abduction 160 degrees, adduction and extension was 40 degrees internal and external rotation was at 60 degrees. It was noted the left and right shoulder had tenderness to palpation. The injured worker had completed 12/12 sessions of physical therapy. There was no medications listed for the injured worker. The diagnoses of the injured worker included left shoulder scope Mumford, rotator cuff repair, right shoulder sprain bursitis, tendinitis, impingement, acromioclavicular degenerative joint disease, arthroscopy and left elbow lateral epicondylitis. The treatment plan included for a decision for Home Health Care 3 days a week, 4 hours a day for 6 weeks, then 2 days a week. The authorization was submitted on 02/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Care 3 days a week, 4 hours a day for 6 weeks, then 2 days a week: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Care Services.

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

**Decision rationale:** The request for Home Health Care 3 days a week, 4 hours a day for 6 weeks, then 2 days a week is not medically necessary. The Chronic Pain Medical Treatment Guidelines (MTUS) only recommends Home Health Services for medical treatment for patients who are home bound, on a part-time or "intermittent" basis, generally up to no more than 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 diagnoses of the injured worker included left shoulder scope Mumford, rotator cuff repair, right shoulder sprain bursitis, tendinitis, impingement, acromioclavicular degenerative joint disease, arthroscopy and left elbow lateral epicondylitis. The documents provided on 06/06/2014 have lack of documentation of the injured worker being homebound, on a part time or "intermittent" basis. In addition there was no rationale given why the injured worker is requesting for Home Health Care. Given the above, the request for Home Health Care 3 days a week, 4 hours a day for 6 weeks, then 2 days a week is not medically necessary.