

<b>Case Number:</b>	CM14-0064566		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/30/2003
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 Internal Medicine, and is licensed to practice in Arizona. 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 complainant is a 68-year-old man who has a date of injury on August 30, 2003. His injury is not delineated; however, he was a stuntman, with multiple injuries to the hips and knees; he is status post right TKA November 7, 2013. He has known bilateral shoulder disease with a March 1, 2012 MRI showing a probable tear of the biceps tendon along with other degenerative disorders. On February 27, 2014 this complainant underwent a comprehensive evaluation by an orthopedist, which provided a report ultimately concluding that the patient and his wife had made numerous claims of need for assistance in areas where he was seen on video actually performing the tasks himself. For instance it was previously stated he used his cane at all times, but was found to never have a cane when performing his tasks in public. He did clearly limp, but was found to be able to shop and to carry a bag of groceries. The patient had stated that his wife needed to accompany him to the gym to assist him with dressing; yet, he was seen going to a gym by himself and leaving the gym with different clothing. The orthopedist concluded in his report, that 24 hour care is clearly not indicated; however, he thought it was reasonable that the patient receive 6 hours a day of assistance with housekeeping activities, laundry, cooking, etc. In April 11, 2013 with a diagnosis of right shoulder impingement and a tear, failing conservative therapy, an arthroscopic procedure of the right shoulder was recommended. On March 18, 2014 he did undergo an arthroscopic Mumford repair. His postoperative course was complicated by a shoulder infection and he had to undergo an arthrotomy debridement and lysis of adhesions, removal of loose bodies and a partial synovectomy. On April 29, 2014 a request was placed for Home Health Aide 3 hours a day, 3 days/week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Aid 3 hours/day, 3 days/week X4 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS states that Home Health Services are recommended only for medical treatment to patients who are homebound, 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. For further clarification- per Medicare guidelines, eligibility depends on whether the patient requires "skilled" needs. "Custodial care" in absence of skilled needs is not covered. In light of the orthopedic assessments dated February 27, which showed the patient more independent than what he claimed, it would not be appropriate to give approval for Home Health Aid 3 hours/day, 3 days/week for 4 weeks until an actual home evaluation was done to confirm the need. As such, the request is not medically necessary.