

<b>Case Number:</b>	CM14-0099813		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	10/15/2010
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Emergency Medicine 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:

Patient with reported date of injury on 10/15/2010. No mechanism of injury was provided for review. Patient has a diagnosis of R shoulder impingement syndrome and rotator cuff tear and cervical strain. Medical reports reviewed. Last report available until 6/6/14. Patient complains of R shoulder pain. Objective exam reveals R shoulder impingement sign and abduction sign. Slight weakness in external rotation and tenderness at insertion site of supraspinatus. MRI of R shoulder (4/28/14) revealed partial thickness tearing of supraspinatus tendon with enthesal remodeling and bursitis and glenohumeral bursitis. Patient has completed physical therapy and medication with no improvement. Independent Medical Review is for Home health Aid for 1week. Prior UR on 6/13/14 recommended certification of R shoulder arthroscopy/SAD/mini-open RCR but denied home health aid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Aide x 1 week:** 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:** As per MTUS chronic pain guidelines, home health aid may be recommended for medical treatment in patients who are bed or home bound. However, the requesting physician has failed to provide documentation to support being home bound and in need for a home health aid. It is assumed that the home health aid is suppose to help patient during post-operative period for the approved shoulder procedure but the provider has not documented how a shoulder surgery will lead to patient being bed/home bound or if there are any other co-morbid illnesses that may limit activity. Home Health Aid is not medically necessary.