

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0182507 |                              |            |
| <b>Date Assigned:</b> | 11/07/2014   | <b>Date of Injury:</b>       | 12/10/2013 |
| <b>Decision Date:</b> | 09/23/2015   | <b>UR Denial Date:</b>       | 10/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/03/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 37 year old male who sustained an industrial injury on 12/10/13. Injury occurred while he was wearing a helmet with air apparatus, and the apparatus was pulled, causing him to jerk his neck and back awkwardly. Past medical history was reported as negative. Conservative treatment included medications, activity modifications, physical therapy, acupuncture, and steroid injection. There was no imaging report in the submitted records. The 9/15/14 treating physician report cited continued right shoulder pain. The corticosteroid injection to his right shoulder was very helpful for about a week or two, followed by recurrence of the pain. He could not tolerate his pain. He had pain with activities of daily living. Physical exam documented decreased right shoulder range of motion, positive impingement sign, and weakness in shoulder abduction and external rotation. The diagnosis included right shoulder impingement syndrome. The treatment plan included right shoulder arthroscopy with arthroscopic subacromial decompression and debridement and surgical services and items. Authorization was also requested for one RN assessment for postoperative wound care and home aid as needed (number of visits not specified). The 10/14/14 utilization review non-certified the request for one RN assessment for postoperative wound care and home aid as needed (number of visits not specified) as the associated surgical request was not supported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One RN assessment for postoperative wound care and home aid as needed (number of visits not specified): 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 based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7-Home Health Services; section 50.2 (Home Health Aide Services).

**Decision rationale:** The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis, generally 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. Medicare provides specific patient selection criteria for in home services, including the individual is confined to the home and the service must be prescribed and periodically reviewed by the attending physician. Additionally, the individual must be in need of skilled nursing care on an intermittent basis, or physical therapy or speech-language pathology; or have a continuing need for occupational therapy. Guideline criteria have not been met. There is no evidence that the patient will be homebound in the post-operative period following arthroscopic shoulder surgery. There is no clear rationale presented to support the medical necessity of a home health aide relative to significant comorbidities or anticipated severe functional impairment. This request does not specify the frequency of duration of home health services being requested. Additionally, there is no evidence that the associated surgery has been found medically necessary. Therefore, this is not medically necessary.