

<b>Case Number:</b>	CM14-0193833		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	07/10/2000
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 78 year old male with an injury date of 07/10/00. Based on the 07/24/14 progress report, the patient complains of back pain and left shoulder pain. The 08/21/14 report states that the patient continues to have low back pain and left shoulder pain. The 09/26/14 report indicates that the patient also has right shoulder pain. The right shoulder has a 160 degrees elevation, profound rotator cuff weakness, and subacromial crepitus. There was no list of diagnoses provided. The utilization review determination being challenged is dated 10/21/14. There were four treatment reports provided from 03/14/14- 09/26/14. The reports provided were hand-written, partially illegible, and brief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In home support services: Home health services (Nurse aid to assist injured worker with activities of daily living) 3 times a week: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

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

**Decision rationale:** According to the 09/26/14 report, the patient presents with left shoulder pain, right shoulder pain, and low back pain. The request is for an In Home support services: home health services (nurse aid to assist injured worker with activities of daily living) 3 times a week. The MTUS page 51 has the following regarding home services, "Recommended only for otherwise recommended 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." In this case, there are no significant physical findings that would require custodial care. There are no discussions regarding the patient's specific functional needs that would require assistance and the medical justification for the deficits. The treater does not specify any rationale for home assistance, such as danger to self, or others, inability to transfer. The patient is ambulating normally and there doesn't appear to be any neurologic condition that limits the patient's ability to perform self-care and ADL's. There is no discussion regarding the patient's social situation. The requested home health service is not medically necessary.