

Case Number:	CM15-0182389		
Date Assigned:	09/23/2015	Date of Injury:	02/14/2012
Decision Date:	10/29/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/16/2015

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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 is a 54 year old male, who sustained an industrial injury on February 14, 2012. He reported bilateral shoulder pain, stiffness and weakness, left greater than right, bilateral knee pain, bilateral elbow pain, low back pain, bilateral hip pain, and neck pain. The injured worker was diagnosed as having cervicgia, status post right shoulder arthroscopy and correction on 10-10-2013, left shoulder subacromial impingement with adhesive capsulitis and internal rotation contracture, right elbow recurrent lateral epicondylitis, bilateral hip pain, right greater than left, with probable acetabular labrum tear of the right hip, greater trochanteric bursitis, status post cervical spine fusion on 2-12-2015, low back pain, adhesive capsulitis of the shoulder, and unspecified injury of the hip and thigh. Treatment to date has included diagnostic studies radiographic imaging, multiple surgical interventions of the shoulders, knees, neck and elbows, bilateral shoulder injections, therapy for the cervical and lumbar spine, medications, and work restrictions. His status was noted as disabled and off work. Currently, the injured worker continues to report bilateral shoulder pain, stiffness and weakness, left greater than right, bilateral knee pain, bilateral elbow pain, low back pain, bilateral hip pain, and neck pain. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. Evaluation on June 26, 2015, revealed continued pain as noted. He rated his pain from 7.5 to 9.5 on a 1-10 scale with 10 being the worst. It was noted he was able to ambulate with a moderately antalgic gait. Evaluation on August 7, 2015, revealed continued pain as noted. It was noted he received bilateral injections of the shoulders. It was noted he tolerated the injections well and had a subtle decrease in symptoms. Home exercises, medications, and work restrictions were

continued. The physician recommended a home health aide for 6 months. The RFA included requests for home health aide for 3 days a week for 5 hours per day for 6 months and was non-certified on the Utilization Review (UR) on August 18, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide for 3 Days a Week for 5 Hours per day for 6 Months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: Per the cited CA MTUS, home health care is recommended only for otherwise recommended medical treatment for injured workers who are homebound, either part-time or "intermittent," for generally up to no more than 35 hours per week. The guidelines specify that "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." According to the treating provider notes through August 7, 2015, the injured worker does not appear homebound and the need for medical home treatment is not well documented. If the injured worker is primarily in need of homemaker and personal services, a home health aide is not medically necessary. Therefore, based on the available medical records and cited guidelines, the request for home health aide for 3 days a week for 5 hours per day for 6 months is not medically necessary and appropriate.