

<b>Case Number:</b>	CM15-0189111		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	05/06/1996
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 74 year old male, who sustained an industrial injury on May 6, 1996. He reported injury to his right shoulder. The injured worker was currently diagnosed as having shoulder pain, neck pain and chronic pain syndrome. Treatment to date has included diagnostic studies, medication and physical therapy. On August 13, 2015, notes stated that the injured worker required assistance with meal preparation, light housekeeping, laundry, shopping and range of motion exercises. He was independent with oral care, skin care, hair care, bathing, dressing, grooming, transfers, ambulation, eating, nail care, incontinence care and household management. On August 21, 2015, the injured worker complained of neck pain and limited mobility of the neck. He was noted to have limited range of motion in his shoulder, decreased motor strength and poor range of motion in the neck. He was unable to lift, push or pull with his left arm. On September 10, 2015, utilization review denied a request for unknown help with activities of daily living twice weekly for four hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown help with ADL twice weekly for 4 hours: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 9Home Health Aide Services).

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

**Decision rationale:** The patient presents on 08/21/15 with complaints of being unable to lift/push/pull left arm. The patient also complains of neck pain, limited range of motion. The handwritten progress note is poorly scanned and difficult to decipher. The patient's date of injury is 05/06/96. The request is for unknown help with ADL twice weekly for 4 hours. The RFA is dated 08/27/15. Physical examination dated 08/21/15 reveals very limited range of motion in the left arm and shoulder, reduced strength in the left upper extremity. The remaining physical findings are illegible. The patient's current medication regimen is not provided. Patient is currently advised to remain off work indefinitely. MTUS Guidelines, Home Service Section, page 51, states, "Recommended only for otherwise recommended medical treatments 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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." In regard to the request for a home health aide to assist this patient with activities of daily living, such services are not medical in nature and not supported by guidelines. RFA dated 07/16/15 has the following regarding this request: "help & ADL/... (Illegible)": which indicates that the reason for the request is for assistance with activities of daily living. MTUS guidelines support home health aide for patients whose medical care requires a professionally trained assistant, though MTUS does not consider home-care for activities of daily living a medical treatment. While this patient does present with significant hardship secondary to her disability, such home-making services do not constitute medical treatment and cannot be substantiated according to MTUS guidelines. Therefore, the request is not medically necessary.