

<b>Case Number:</b>	CM15-0029861		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	08/25/2013
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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 34 year old female, who sustained an industrial injury on 8/25/2013. She reports a left shoulder injury while lifting a patient. Diagnoses include shoulder/arm sprain/strain and post left acromio-clavicular joint resection. Treatments to date include 24 sessions of physical therapy, 2 steroid injections and medication management. A progress note from the treating provider dated 1/7/2015 indicates the injured worker reported bilateral shoulder pain. On 1/20/2015, Utilization Review non-certified the request for 6 sessions of in home help housekeeping, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In home help for Housekeeping 1 x 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient presents with bilateral shoulder pain. The request is for HOME HELP FOR HOUSEKEEPING 1 X 6 WEEKS. Patient is status post left shoulder decompression surgery 11/11/14. Physical examination on 10/31/14 to the left shoulder revealed tenderness to palpation to the AC joint. Range of motion was decreased, especially on flexion 80 degrees. MRI findings of the right shoulder on 11/05/14 showed mild subdeltoid subacromial bursitis and rotator interval synovitis, mild supraspinatus tendinosis, no rotator cuff tear, slightly laterally down-sloping acromion. Patient has completed 9 physical therapy treatment sessions. Patient's diagnosis, per 10/31/14 progress report includes shoulder impingement syndrome. Per 10/08/14 progress report, patient's medications include Cyclobenzaprine and Ibuprofen. Patient is temporarily totally disabled. MTUS Guidelines page 51 has the following regarding home service, recommended only for otherwise recommended medical treatment for patients who are homebound 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. Treater does not provide a reason for the request. The request is for In Home Help for Housekeeping 1 X 6 Weeks. Patient is status post left shoulder decompression surgery 11/11/14. In regards to the request for a weekly housekeeper assistance, guidelines do not support the issuance of a home aide solely for the purpose housekeeping. The patient does present with bilateral shoulder pain, but there is no evidence of inability to do simple house chores. There is no neurologic deficit that would inhibit the patient's ability to do house work. Furthermore, MTUS does not consider homemaker services medical treatments, either. Therefore, the request IS NOT medically necessary.