

<b>Case Number:</b>	CM15-0038563		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	05/24/2012
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 57 year old male who sustained an industrial injury on 05/24/2012. Diagnoses include cervical spine disc syndrome, cervical spine strain/sprain, thoracic spine sprain/strain, and left shoulder rotator cuff syndrome. Treatment to date has included medications, physical therapy, epidural steroid injections and modified activity. A physician progress note dated 01/28/2015 documents the injured worker complains of neck pain rated 7 out of 10, and left shoulder pain which is rated 7 out of 10. There is severe pain with pressure. He has left mid scapular restricted range of motion. There is positive Soto Hall and Apley's scratch. He has left shoulder reduced range of motion 50%, and diminished function. Left shoulder surgery has been approved and is scheduled for 02/20/1015. Treatment requested is for Home health aide 4 hours a day for 6 weeks. On 02/11/2015 Utilization Review denied the request for Home health aide 4 hours a day for 6 weeks and cited CA MTUS and ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health aide 4 hours a day for 6 weeks:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home health aide.

**Decision rationale:** Pursuant to the Official Disability Guidelines, home health aide four hours a day time six weeks is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization to prevent hospitalization or to provide longer-term in-home medical care and domestic care services for those whose condition that would otherwise require inpatient care. Home health services include both medical and non-medical services deemed to be medically necessary for patients who are confined to the home (homebound) and to require one or all of the following: skilled care by a licensed medical professional; and or personal care services for tasks and assistance with activities of daily living that do not require skilled medical professionals such as bowel and bladder care, feeding and bathing; and or domestic care services such as shopping, cleaning and laundry. Justification for medical necessity requires documentation for home health services. Documentation includes, but is not limited to, the medical condition with objective deficits and specific activities precluded by deficits; expected kinds of services required for an estimate of duration and frequency; the level of expertise and professional qualification; etc. In this case, the injured worker's working diagnoses are severe impingement syndrome and SLAP tear. The injured worker is scheduled for a right shoulder arthroscopy with a rotator cuff repair. The injured worker lives alone and needs help with showering and bathing. The guidelines allow for home health services when the patient is confined to the home (homebound) and requires skilled nursing care or personal care services. The injured worker is not home bound. Consequently, absent clinical documentation with home confinement, home health aide four hours a day time six weeks is not medically necessary.