

Case Number:	CM14-0181502		
Date Assigned:	11/06/2014	Date of Injury:	08/18/2010
Decision Date:	12/17/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/31/2014

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 Occupational Medicine 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:

This is a 67-year-old female with an 8/18/10 date of injury. According to a progress note dated 10/2/14, the patient complained of milder pain in the left shoulder. The pain was controlled better with her current pain medications. Objective findings: no fidgeting or grimacing, patient feels very comfortable with her current pain medication schedule. Diagnostic impression: arthritis of shoulder, biceps tendonitis, left shoulder pain, status post left shoulder reverse total shoulder arthroplasty. Treatment to date: medication management, activity modification, surgery. A UR decision dated 10/8/14 denied the request for home health aide.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: CA MTUS states that home health services are 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. However, in the present

case, there is no documentation that this patient is homebound. In addition, there is no documentation that the requested home health care is intended for medical treatment. 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. Therefore, the request for Home health for the left shoulder is not medically necessary.