

<b>Case Number:</b>	CM14-0098064		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	05/23/2011
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Family 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:

The injured worker is a 61 year old male whose date of injury is 05/23/2011. The mechanism of injury is described as repetitive upper extremity use. Diagnoses are carpal tunnel syndrome, chondromalacia of patella, lumbar sprain and strain, primary localized osteoarthritis lower leg, rotator cuff syndrome shoulder and allied disorders, sprain and strain unspecified site shoulder and upper arm, thoracic/lumbosacral neuritis/radiculitis, and wrist sprain and strain. Treatment to date includes carpal tunnel release in February 2012, right shoulder rotator cuff repair on 09/11/13, 24 postoperative physical therapy visits, additional shoulder arthroscopy on 05/02/14 and medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Care Assistance 16 hours a day for 7 days a week/ then 6-8 hours a day for 1 week for 4 hours a day for 7 days a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Title 8 Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services, Page(s): 51.

**Decision rationale:** California Medical Treatment Utilization Schedule (CA MTUS) guidelines support home health services 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, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The submitted records fail to establish that the injured worker is homebound on a part time or intermittent basis. The medical treatment to be provided is not documented. The requested home health care exceeds CA MTUS guidelines. Based on the clinical information provided, this request is not medically necessary.