

<b>Case Number:</b>	CM14-0050085		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/08/2012
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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. 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 (IW) is a 45-year-old man with a date of injury of October 8, 2012. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are complete rupture of rotator cuff; and adhesive capsulitis. The current request is for home care services 24-hours after surgery. The IW was had planned rotator cuff repair scheduled for April 4, 2014. There is a request for authorization dated April 1, 2014 that indicates the IW will need home care for 24-hours after surgery. The specific services to be rendered are not documented by the treating physician. The treating physician does not provide any clinical rationale for the requested service. There is no documentation that the IW is homebound. Documentation indicates the IW is ambulatory.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Care for twenty-four hours after surgery.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.  
Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (acute & chronic) chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Section, Home Care Services.

**Decision rationale:** Pursuant to the Official Disability Guidelines, home care for 24 hours after surgery is not medically necessary. Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound or on a part-time or "intermittent" basis. Medical treatment does not include homemaker services like shopping, cleaning and laundry and personal care given by home health aides like bathing, dressing or using the bathroom when this is the only care provided. These recommendations are consistent with Medicare guidelines. In this case, the injured worker is a 44-year-old man underwent left shoulder recurrent rotator cuff tear. The procedure included left shoulder arthroscopic lysis of adhesions, extensive debridement and subacromial decompression. The documentation in the medical record contains an order for home care for 24 hours post-surgery on a date of request April 1, 2014. There is no clinical rationale indicating the necessity for home care services. Consequently, absent clinical documentation and or clinical rationale indicating the necessity for home care services (skilled nursing services required), home care for 24 hours after surgery is not medically necessary.