

Case Number:	CM15-0114491		
Date Assigned:	06/22/2015	Date of Injury:	12/02/2014
Decision Date:	07/21/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/15/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 54 year old female sustained an industrial injury on 12/02/14. She subsequently reported left shoulder pain. Diagnoses include left rotator cuff rupture and complete rotator cuff tear. Treatments to date include x-ray and MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience left shoulder pain. Upon examination, there was tenderness to palpation over the greater tuberosity. Range of motion of the left shoulder is reduced. Hawkin's testing is negative. Motor exam reveals weakness in the left infraspinatus and supraspinatus. Sensation is intact and reflexes are within normal limits. A request for Home health aide to assist with ADLs 2 x week x 2 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide to assist with ADLs 2 x week x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

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

Decision rationale: The California chronic pain medical treatment guideline on home health services states: Home health services recommended only for otherwise recommended medical treatment for patients who are home bound, 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. (CMS, 2004) Home health services are recommended for patients who are home bound. The provided documentation for review does not show the patient to be home bound or bed bound and therefore the request is not medically necessary.