

<b>Case Number:</b>	CM15-0177592		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	05/16/2014
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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:

The injured worker is a 68 year old female, who sustained an industrial injury on May 16, 2014. She reported left shoulder pain. The injured worker was diagnosed as having rotator cuff syndrome and status post left shoulder arthroscopic distal clavicle excision, biceps tenotomy and subacromial decompression. Treatment to date has included diagnostic studies, surgical intervention of the left shoulder in November of 2014 and on August 10, 2015, arm sling, physical therapy 24 sessions with minimal benefit, medications and work restrictions. Currently, the injured worker continues to report bilateral shoulder pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was without complete resolution of the pain. On evaluation on July 2, 2015, the box "not improved significantly" was checked. It was noted she remained off work. Evaluation on July 30, 2015, revealed continued pain as noted. Impingement test was positive. The home health assessment tool on August 18, 2015, revealed the injured worker lived in a house with no stairs, has access to a telephone and does not have a history of falls. It was noted she did not use a device for ambulation. She noted left shoulder pain, constant rated at a 7 on a 1-10 scale with 10 being the worst. She noted pain medication, an arm sling and no movement eases the pain. It was noted she was independent with taking medications and did not require assistance with toileting. It was noted she did not require assistance with transfers or feeding and did not require assistance getting around inside the home. The RFA included requests for Home health aide 2 hours a day for 6 weeks for ADL assistance, light housekeeping and meal preparation and was non-certified on the utilization review (UR) on August 25, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health aide 2 hours a day for 6 weeks for ADL assistance, light housekeeping and meal preparation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

**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. However homemaker services are not recommended and therefore the request is not medically necessary.