

<b>Case Number:</b>	CM15-0026837		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 51-year-old [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of January 16, 2015. In a Utilization Review Report dated January 19, 2015, the claims administrator failed to approve a request for 13 home aide visits. Non-MTUS ODG guidelines and non-MTUS Medicare Guidelines were invoked, despite the fact that the MTUS addressed the topic. An RFA form received on January 5, 2015 was also referenced. The claims administrator contended that the request represented a request for assistance with activities of daily living following shoulder surgery. The applicant's attorney subsequently appealed. On March 3, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The applicant was given refills of Norco and Norflex. The applicant was placed off of work, on total temporary disability. The applicant was status post earlier shoulder arthroscopy on January 13, 2015. The applicant was not working. The applicant was not doing yard work or shopping owing to ongoing pain complaints. In an earlier note of December 12, 2014, it was noted that the applicant had been off of work since late 2013 and was receiving both Workers Compensation Indemnity benefits and disability insurance benefits. The home aide was sought via a January 5, 2015 RFA form, in which the attending provider sought authorization for housekeeping activities once per week for three months following a shoulder surgery of January 13, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**13 Home aide visits 1x/wk:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Home Health Services, ODG; Shoulder (acute and chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 51 of 127.

**Decision rationale:** No, the request for 13 home aide visits was not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment to applicants who are homebound. Medical treatment does not, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, include services such as housekeeping services sought here. It is further noted that there was no clear or compelling evidence that the applicant was homebound postoperatively following a relatively minor shoulder arthroscopy. Therefore, the request was not medically necessary. While the request was, strictly speaking, a postoperative request as opposed to a chronic pain request, MTUS 9792.23.b2 notes that the Postsurgical Treatment Guidelines in Section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. Since page 51 of the MTUS Chronic Pain Medical Treatment Guidelines did address the request at hand, it was therefore invoked.