

<b>Case Number:</b>	CM15-0064262		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	03/10/2015
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: 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 injured worker is a 61-year-old male, with a reported date of injury of 03/10/2015. The diagnoses include closed fracture of the right humerus and bilateral displacement proximal humerus fractures. Treatments to date have included an x-ray of the bilateral humerus, oral medications, computerized tomography of the bilateral shoulders, and arm slings. The progress report dated 03/13/2015 indicates that there were no issues with injury to legs or back reported and no pain in the wrist/elbow to motion. The objective findings include tenderness to palpation of the bilateral arms with some ecchymosis in the distal arm, minimal pain to range of motion at the forearm, wrist, elbows, or hand. The treating physician requested home health aide 12 hours daily for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health aide 12 hours daily starting 4/4/15 for 4 weeks: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder & Arm (Acute & Chronic), Home Health Services.

**Decision rationale:** The Official Disability Guidelines recommend home health services only for recommended medical treatment for patients who are homebound, 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, and using the bathroom when this is the only care needed. The medical record does not contain documentation that the patient requires medical services to be provided at the home. Original reviewer modified request to home health aide for 6 hours a day for two weeks. Home health aide 12 hours daily starting 4/4/15 for 4 weeks is not medically necessary.