

<b>Case Number:</b>	CM15-0093298		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	09/07/2010
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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 58-year-old male injured worker suffered an industrial injury on 09/07/2010. The diagnoses included right shoulder total arthroplasty 11/12/2013, right shoulder infection and right shoulder removal of arthroplasty hardware and placement of antibiotic spacer. The injured worker had been treated with surgery and physical therapy. On 3/9/2015, the treating provider reported the pain radiated to the upper arm into the hand and shoulder blade that was worse with movement. He had difficulty with house work, getting in and out of the chair, opening jars, putting on clothes and unable to participate in sports. The treatment plan included Home health care 2 hours per day x 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health care 2 hours per day x 4 weeks, total of 28 days: 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 Services Section Page(s): 51.

**Decision rationale:** The MTUS Guidelines recommend home health services only for otherwise 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. This request is for homemaker services and not for medical treatment. The request for Home health care 2 hours per day x 4 weeks, total of 28 days is not medically necessary.