

<b>Case Number:</b>	CM13-0002607		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	07/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 55 y.o. female with an injury date of 9/27/12. She has a diagnoses of cervical disc displacement w/o myelopathy, tenosynovitis of wrist and hand, and neck/radicular pain. The saw seen by a pain management physician on 4/18/13. She complained of continued pain, despite use of Flexeril, Relafen, Topamax, and Tramadol. The patient stated that she was having difficulties with her activities of dialy living such as house cleaning. The doctor said she should not lift objects weighing more than 5lbs. He recommended 4 hours of house cleaning every 2 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOUSE CLEANING SERVICES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that home care is recommended only for medical treatment of patients who are homebound, 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. In this case, there is no indication that the injured worker is homebound or requires other skilled care. Therefore, the request for house cleaning services is not medically necessary