

Case Number:	CM13-0015927		
Date Assigned:	10/10/2013	Date of Injury:	03/31/2005
Decision Date:	01/22/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/23/2013

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, Pulmonary Diseases and is licensed to practice in California. 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 patient is a 30-year-old female who reported an injury on 03/31/2005. The patient is currently diagnosed with chronic pain syndrome, lumbosacral spondylosis without myelopathy, cauda equina syndrome with neurogenic bladder, post-laminectomy syndrome, neurogenic bowel, depressive disorder, thoracic or lumbosacral neuritis or radiculitis, obesity, and dietary surveillance and counseling. The patient was recently evaluated on 08/15/2013. Physical examination revealed moderate to severe discomfort, diminished strength in the left calf and ankle, left foot drop, tenderness over the midline of the thoracic segments, radicular pain, tenderness on the left SI joint, restricted and painful range of motion, weakness in the left lower leg and ankle with left foot drop, limited plantar flexion and dorsiflexion, antalgic gait, and moderate anxiety and depression. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

A house cleaner for twice a month: Upheld

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

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

Decision rationale: California MTUS Guidelines state home health services are recommended only for otherwise recommended medical treatment for 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. As per the clinical notes submitted, there is no indication that this patient is homebound without assistance from outside resources. Evidence-based guidelines only define the need for home health services for patients who are homebound, and do not include homemaker services. Based on the clinical information received and the California MTUS Guidelines, the request for a house cleaner for twice a month is non-certified