

<b>Case Number:</b>	CM13-0049552		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/19/2001
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Orthopedic Surgery, and is licensed to practice in Texas. 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 54-year-old female who reported an injury on 03/19/2001. The mechanism of injury is not specifically stated. The patient's diagnoses are listed as lumbar spine disc displacement, lumbar spine disorder, and lateral epicondylitis of the left elbow. Her symptoms are noted to include low back pain with radiation into the left legs. Physical exam findings are noted to include tenderness to palpation of the lumbar paraspinal muscles, joint line tenderness, and tenderness to the patellofemoral region bilaterally to the knees, and guarded gait. A treatment plan was noted to include home health for light housework 5 days per week for 4 hours a day, as well as help once per month for her heavier activities involving cleaning her shower and other heavier work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Help with deep/heavy cleaning one time per month:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back: Home health services.

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

**Decision rationale:** According to the California MTUS Guidelines, home health services are recommended only for otherwise recommended medical treatment for patients who are home bound. The guidelines specify that medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care when this is the only care needed. As the request for help with deep/heavy cleaning 1 time per month does not include medical treatment, the request is not supported by evidence based guidelines. As such, the request is non-certified.