

Case Number:	CM13-0049612		
Date Assigned:	12/27/2013	Date of Injury:	04/09/2012
Decision Date:	03/05/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/21/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 62 year old female with date of injury 04/09/12. The patient has diagnoses of pain in joint involving shoulder region, rotator cuff syndrome of shoulder and chronic pain syndrome. The patient is status post right shoulder arthroscopy, subacromial decompression with acromioplasty. Progress report dated 10/17/13 by [REDACTED] states that the patient complains of pain in the bilateral shoulders. She is taking Dilaudid 4mg and NSAIDs for pain. She rates her pain at 5-7/10 in the bilateral shoulders, aching, sharp, and throbbing in nature. Physical examination showed painful arch, positive for Hawkin's and Neers. There is tenderness in the subacromial bursa. The treater is requesting home cleaning services 2 hours per week for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home cleaning services (2 hours a week for 3 months): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with chronic shoulder pain, status post right shoulder arthroscopy, subacromial decompression. The treater is requesting home cleaning services to do deep cleaning for the patient's home. Progress report dated 09/19/13 by [REDACTED] states that due to pain in the bilateral shoulder, she is unable to do heavy-duty household work. MTUS recommends this type of service for patients who are home-bound, on a part-time or "intermittent" basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry. Review of the therapy notes from 10/10/13 show that the patient has functional range of motion with fair strength. Given that medical treatment services do not include what specifically is requested by the treater, recommendation is for denial.