

Case Number:	CM13-0070346		
Date Assigned:	01/03/2014	Date of Injury:	04/25/2006
Decision Date:	05/06/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/24/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. 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/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 70 year-old female who injured her back in a work related injury on 04/25/06. Reportedly she has failed conservative care. A clinical progress report of 06/11/13 indicates ongoing complaints of neck pain, low back pain, radiating lower extremity bilateral complaints, right knee pain and shoulder pain. The claimant also has a secondary diagnosis of anxiety, depression, and sleep difficulties. The claimant's diagnosis include status post rotator cuff repair in 2010 improved, right knee arthroscopy in 2007 no improvement, continued cervical and lumbar sprains with degenerative disc disease, chronic right hip pain, and chronic depression and anxiety. Requested treatment included continuation of treatment with psychologist, [REDACTED], as well as continuation of medications to include Ultram and Prilosec. There was also a specific request for home care assessment at that time to include assistance with house cleaning one to two weeks per week for 6 to 24 weeks. Further clinical records in regard to the specific request in this case are not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CARE ASSISTANCE FOR HOUSE CLEANING 1-2 TIMES A WEEK FOR 6- 24 WEEKS: Upheld

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

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

Decision rationale: Based California MTUS Chronic Pain 2009 Guidelines, home health services in this case would not be indicated. Home health services are defined as medical treatment and do not include home making services such as shopping, cleaning, and laundry. This specific request was for home making services for 24 weeks period of time. There is no documentation to indicate that this individual is homebound on an intermittent or permanent basis. Therefore, the request for home care assistance for house cleaning one to two times a week for six to twenty four weeks would not be indicated, and is considered not medically necessary.