

<b>Case Number:</b>	CM14-0004125		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	10/09/2002
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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:

Due to cumulative trauma while performing normal job duties, the injured worker had reportedly sustained an injury to multiple body parts resulting in extensive surgical intervention. The injured worker's treatment history included cervical fusion, lumbar fusion, left ulnar nerve transposition, right radial nerve decompression, left trigger thumb release, left radial nerve neurolysis, left carpal tunnel decompression, total knee replacement, right knee ACL reconstruction. The injured worker was evaluated on 11/20/2013. The injured worker's physical examination documented that the injured worker had significant tenderness over the right elbow and ulnar nerve with a positive Tinel's sign, decreased sensation of the right ring finger and small finger. It was noted that the injured worker had tenderness over the CMC joint of the left thumb in combination with lumbar spine stiffness and spasming with bilateral knee crepitation and stiffness. The injured worker's diagnoses included lumbar sprain/strain degeneration of the cervical intervertebral discs, carpal tunnel syndrome, and brachial neuritis. The injured worker's treatment recommendations included surgical intervention, housekeeping, aquatic physical therapy, a gym membership, and a thumb spica brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOUSEKEEPING 1 X WEEK FOR 3 MONTHS:** Upheld

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule recommends home health services for injured workers who are considered home bound on a part time or intermittent basis. The clinical documentation does not support that the injured worker is home bound on either a part time or intermittent basis. Additionally, the clinical documentation does indicate that the injured worker needs assistance with housekeeping activities. California Medical Treatment Utilization Schedule does not recommend housekeeping services as a medical prescription. There are no exceptional factors to support extending treatment beyond guideline recommendations. As such, the request for housekeeping 1 x a week for 3 months is not medically necessary or appropriate.