

Case Number:	CM14-0005103		
Date Assigned:	01/24/2014	Date of Injury:	01/03/2005
Decision Date:	06/09/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/14/2014

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 Family Practice 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 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 sustained a work injury on 1/3/05 involving the low back, hip, upper leg, knee, lower leg, ankle heel and foot. The claimant had a diagnosis of left femoral neuropathy with palsy. An exam visit on 12/19/13 indicated the claimant had continued pain in the left leg due to a recent fall and required an orthosis. She was awaiting a KAFO Brace authorization. The physical exam findings showed no focal deficit and good ankle range of motion. She had been taking analgesics. She had not received physical therapy for recent back pain exacerbations but had benefitted from acupuncture. The treating physician requested housekeeping 4 hours / week indefinitely.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOUSEKEEPING 4 HRS/WEEK FOR INDEFINITE PERIOD: 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: 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. Therefore, the request for Housekeeping 4 Hrs/Week for indefinite period is not medically necessary and appropriate.