

Case Number:	CM14-0010502		
Date Assigned:	02/21/2014	Date of Injury:	09/24/2001
Decision Date:	08/08/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/27/2014

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 Physical Medicine and Rehabilitation 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:

This is a 60-year-old with a date of injury of September 24, 2001. The mechanism of injury was cumulative trauma while working as an inside sales/credit representative, with pain complaints involving the bilateral elbows and wrists. On December 19, 2013, she complained of pain in the neck, bilateral shoulders and bilateral elbows. On exam, there was diminished and painful neck range of motion and decreased sensation in the left medial hand and finger and normal strength in the upper extremities. The diagnostic impression is cervical post-laminectomy syndrome, carpal tunnel syndrome, depression. Treatment to date: surgery, medication management. A UR decision dated, January 13, 2014, denied the request for house keeping assistance for 3 month, 25-30 hours per month. The rationale was not provided for this request. However, a subsequent review dated February 17, 2014, denied a request for 12 months of in-home care. The rationale for this request stated she was provided with in-home housekeeping assistance from September 1, 2013 to November 30, 2013. On February 5, 2014, she presented for follow up psychotherapy sessions with complaint of significantly worsening depression. The submitted records indicated that she last underwent surgery ten months ago on April 26, 2013. There was no discussion provided regarding functional limitations, which would warrant in-home care for one year. Guidelines do not support home health services such as housekeeping services when this is the only care needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three months of housekeeping assistance, 25 to 30 hours per month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that 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. However, there is no evidence that the patient is homebound. There is no evidence that the patient would require medical care rendered at home. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given when this is the only care needed. Therefore, the request for Three months of housekeeping assistance, 25 to 30 hours per month, is not medically necessary or appropriate.