

Case Number:	CM14-0017635		
Date Assigned:	04/16/2014	Date of Injury:	05/20/2002
Decision Date:	06/30/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/12/2014

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 Medicine, and is licensed to practice in Arizona. 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 41 year old female with a date of injury of 5/20/02. The patient has been treated for ongoing symptoms related to her spine. Subjective complaints are of pain in the thoracic spine and abdomen. The abdominal pain was noted as significantly improved, but there is increased neck pain radiating to the arms and mid to lower thoracic spine. Physical exam shows positive thoracic outlet provocation testing, tingling and numbness at C7-C8, hypersensitivity at C3-C4, and spinal tenderness at T9-10. There is also multiple areas of tenderness in the musculature around the bilateral knees, ankles and right shoulder. MRI findings show osteonecrosis with fatty infiltration in the thoracic spine as well as compression fractures. Prior treatments have included massage, Therastim, and chiropractic therapy. Documentation notes poor toleration for activities of daily living, and specifically notes that driving and sitting at church cause profound fatigue and increased pain. The patient also has poor tolerance of any repetitive lifting, pulling, pushing, or stooping. There is no objective evidence provided that patient is unable to care for herself.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOUSEKEEPING SERVICES, 12 HRS PER WEEK: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, HOME HEALTH CARE SERVICES, 51

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend home health services only for 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. For this patient, submitted documentation does not substantiate the need for home medical treatment, or show that the patient is unable to care for herself. Guidelines specifically do not recommend home services for cleaning purposes. As such, the request is not medically necessary.