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| <b>Case Number:</b>   | CM14-0129515 |                              |            |
| <b>Date Assigned:</b> | 08/18/2014   | <b>Date of Injury:</b>       | 02/13/2002 |
| <b>Decision Date:</b> | 09/18/2014   | <b>UR Denial Date:</b>       | 08/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/14/2014 |

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a female of unknown age who reported an injury on 02/13/2002. Her diagnoses were noted to be lumbar radiculopathy, complex regional pain syndrome to right upper extremity, chronic pain syndrome, and right shoulder impingement syndrome. Prior treatments were noted to be an epidural steroid injection and medications. A clinical note dated 01/29/2013 from a pain management re-evaluation report indicates the injured worker with subjective complaints of pain in her neck, lower back, and right upper extremity. She had ongoing burning and sensitivity in the right upper extremity. There was not a physical examination with this review, but a treatment plan to continue Topamax and have massage therapy at least once a week, and to continue her transcutaneous electrical nerve stimulation at home. The provider's rationale was noted in a Primary Treating Physician's Progress Report dated 01/12/2012. A Request for Authorization Form was not provided with the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Housekeeping Assistance 4 hrs a day, 2 days per week for 12 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:** The request for Housekeeping Assistance 4 hrs. a day, 2 days per week for 12 weeks is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are home-bound, on a part time or intermittent basis, generally up to no more than 34 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. Due to the lack of medical necessity and lack of clinical documentation to support home health services, the request for Housekeeping Assistance 4 hrs. a day, 2 days per week for 12 weeks is considered not medically necessary.