

Case Number:	CM14-0052715		
Date Assigned:	07/11/2014	Date of Injury:	12/17/1999
Decision Date:	08/18/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/21/2014

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, has a subspecialty in Interventional Spine 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 is a 74-year-old female with a date of injury of 12/17/1999. The listed diagnoses per [REDACTED] are degenerative cervical disease, Cervical spondylosis without myelopathy, Displaced cervical intervertebral disk, Arthrodesis status, Brachial neuritis/radiculitis, Spinal stenosis in the cervical region, Rotator cuff syndrome, Osteoarthritis, Traumatic arthropathy, shoulder, Obesity and Depressive disorder. According to progress report 03/20/2014 by [REDACTED], the patient presents with neck, bilateral shoulder, low back, and bilateral knee pain. The patient states that her symptoms are overall unchanged and constant except for the increased pain in the right leg for which she has been taking Norco. She continues to have constant severe neck pain which radiates down both her arms associated with numbness and tingling. She states that her left arm symptoms are worse than her right, which she describes as severe pain. The patient also complains of constant bilateral knee pain associated with occasional clicking and popping. The patient's medication regimen includes Norco 10/325 mg and morphine sulfate ER 15 mg. The provider recommends authorization for housekeeping weekly, as the patient is not capable of taking care of her house due to her industrial injuries. There is also a request for a gardener once a week, indefinitely. Utilization review did not grant the request on 04/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Housekeeper 1 day a week Indefinitely: Upheld

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

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

Decision rationale: This patient presents with neck, bilateral shoulder, low back, and bilateral knee pain. The patient also has ongoing pain from an open reduction internal fixation of a fracture from 1999. The provider is requesting a housekeeper once a week for indefinitely, stating that the patient is unable to take care of her home or gardening due to her industrial injuries. The Utilization review denied the request stating home maker services are not supported when that is the only care needed. The MTUS page 51 has the following regarding home services, Recommended 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 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. In this case, the provider does not discuss whether this patient requires medical treatment and is home-bound. Furthermore, treatments cannot be recommended on an indefinite basis. Therefore, the request is not medically necessary.

Gardener once a week indefinitely: Upheld

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

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

Decision rationale: This patient presents with neck, bilateral shoulder, low back, and bilateral knee pain. The patient also has ongoing pain from an open reduction internal fixation of a fracture from 1999. The provider is requesting a housekeeper once a week for indefinitely, stating that the patient is unable to take care of her home or gardening due to her industrial injuries. The Utilization review did not grant the request stating homemaker services are not supported when that is the only care needed. The MTUS page 51 has the following regarding home services, 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. In this case, the provider does not discuss whether this patient requires medical treatment and is homebound. Furthermore, treatments cannot be recommended on an indefinite basis. Therefore, the request is not medically necessary.