

Case Number:	CM14-0054302		
Date Assigned:	07/07/2014	Date of Injury:	03/12/1997
Decision Date:	08/29/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/23/2014

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 Occupational Medicine 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 66-year-old female with a 3/12/97 date of injury. The mechanism of injury was when she fell from a height of approximately 5 feet or more, flipped backwards, and she landed on her head and left shoulder. According to a progress note dated 6/11/14, the patient stated that her back pain was always there, some days better than other, and her medications keep her going so that she can perform her normal activities. Objective findings: diffuse tenderness over lumbar spine, otherwise no other abnormal findings. Diagnostic impression: lumbago; pain in joint, multiple sites; spasm of muscle; muscle weakness (generalized); insomnia. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 4/11/14 denied the request for housekeeping allowance on a weekly basis. Based on the currently available information and absent a current medical narrative report, the medical necessity for housekeeping allowance has not been established and therefore, the request is denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Housekeeping Allowance on a Weekly Basis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: CA MTUS 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. According to a provider letter dated 3/2/14, the physician stated that he is requesting housekeeping in order to perform the tasks specifically related to household cleaning, not for medical treatment for the patient. Guidelines do not support home health care services for non-medical purposes. Therefore, the request for Housekeeping allowance on a weekly basis is not medically necessary.