

Case Number:	CM14-0056354		
Date Assigned:	07/07/2014	Date of Injury:	03/02/2000
Decision Date:	08/06/2014	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 Orthopedic Surgery and is licensed to practice in Texas. 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 was a 69-year-old female who reported an injury on 03/02/2000 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her bilateral wrists and hands and low back. The injured worker's treatment history included activity modification, home exercises and medications. The injured worker was evaluated on 02/24/2014. Physical examination documented that the injured worker had limited cervical spine range of motion with pain and weakness of the right shoulder and tenderness to palpation of the right elbow. It was also noted that the left wrist had full range of motion but limited range of motion of the right wrist secondary to pain. Evaluation of the lumbar spine documented a positive right-sided straight leg raising test with restricted range of motion in all planes. The injured worker's diagnoses included cervical musculoligamentous sprain/strain with radiculopathy, lumbar musculoligamentous sprain/strain, strain/sprain of the right shoulder, chronic pain/strain and fibromyalgia. The request was made for assistance with janitorial services in the home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Con't with home attendant/janitorial services 4 hours/weekly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter & (<http://medicare.gov/Publications/Pubs/pdf/10969.pdf>).

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

Decision rationale: The requested continued with home attendant/janitorial services 4 hours a weekly is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not consider the use of home health assistance to assist with personal care or homemaker services as medical treatment. Although the injured worker does have deficits to multiple body parts that may prevent or inhibit her ability for activities of daily living to include cleaning services that could be handled by a janitorial attendant, this would not be considered a medical treatment. As such, the requested continued with home attendant/janitorial services 4 hours weekly is not medically necessary or appropriate.