MAXIMUS Federal Services

Case Number:	CM14-0070520		
Date Assigned:	07/14/2014	Date of Injury:	04/15/1996
Decision Date:	08/18/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/15/2014

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 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 77-year-old female with date of injury of 04/15/1996. The listed diagnoses per [redacted] are: Chronic back pain; severe thoracolumbar scoliosis with apparent left sciatic pain; Left shoulder adhesive capsulitis with some intermittent chronic left shoulder pain; Situational depression with possible posttraumatic stress disorder; and Relevant history of right CVA with left hemiparesis and left hemianesthesia and pain-related insomnia. According to the progress report 04/14/2014 by [redacted], the patient presents with chronic low back pain. The patient is utilizing a lumbar traction unit and transcutaneous electrical nerve stimulation (TENS) unit, which are helping. The provider states the patient previously received housekeeping services once per week which was part of her settlement. However, recently, the insurance carrier has refused authorization. He goes on to state that the housekeeping services are medically appropriate given the unique nature of the patient's industrial injury and her inability to conduct such activities of daily living on her own. Examination revealed S-curve scoliosis, tenderness over the right thoracolumbar paraspinal region with extension laterally to the ribs. The patient was noted to have nearly absent brachial radialis and triceps reflexes. The patients lack motor function in the left upper extremity and minimal rotation of her left thumb. The patient's medication regimen includes tramadol, aspirin, Zoloft, Norvasc, Lodine, and TriCor. The provider is requesting housekeeping services for 6 hours per week for 22 weeks as the patient's injury involved a stroke and it is quite different from the nature of most Work Comp injuries. The Utilization review denied the request on 04/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Housekeeping services for 6 hours per week for 22 weeks: Overturned

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

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

Decision rationale: This patient suffered a stroke in 1996 due to significant stress related to a workplace situation. The provider reports the patient has longstanding residual left hemiparesis and left hemianesthesia. This is a request for housekeeping services for 6 hours per week for 22 weeks as the patient is unable to perform housekeeping services herself due to her disability. The Utilization review denied the request stating, this request is not supported by California MTUS. 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. The 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, this patient suffered a stroke and is left with weakness on one side. It appears that housekeeping needs are not the only need this patient has. The requested 6 hours per week appears reasonable and supported by the guidelines. Therefore, housekeeping services for 6 hours per week for 22 weeks is medically necessary.