

<b>Case Number:</b>	CM14-0077100		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/19/1979
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Nevada. 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 records, presented for review, indicate that the injured worker is a 68-year-old individual who was reportedly injured on 1/19/1979. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 7/1/2014, indicated that there were ongoing complaints of chronic low back pain. The physical examination demonstrated lumbar spine positive muscle spasm, and bilateral groin radicular pains were present. Right knee was status post knee replacement surgery nonindustrial. Back and bilateral leg pain were radicular. No recent diagnostic studies are available for review. Previous treatment included previous surgery, medications, and conservative treatment. A request had been made for home health services for light cleaning, laundry, and meal preparation and was not certified in the pre-authorization process on 5/9/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In home support services for light cleaning, laundry and meal preparation.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Home Health Services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Home Health Services Page(s): 51 OF 127.

**Decision rationale:** The MTUS guidelines support home health services for 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. Review, of the available medical records, documents that the claimant has chronic and severe low back pain and would likely benefit from the requested service. Unfortunately, the request is not supported by the treatment guidelines and therefore is not considered medically necessary.