

<b>Case Number:</b>	CM14-0078636		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/28/2010
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 Family Medicine and is licensed to practice in Tennessee, California, Florida and Maine. 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 is a 46 year old female whose date of injury is 09/28/2010. The mechanism of injury is described as cumulative trauma. Diagnoses are cervical sprain/strain, lumbar sprain/strain, bilateral shoulder sprain/strain/impingement, bilateral elbow sprain/strain and bilateral wrist sprain/strain, de Quervain's tenosynovitis. Progress note dated 02/14/14 indicates that Phalen's is positive bilaterally. There is tenderness to the bilateral subacromial spaces. Treatment to date includes physical therapy and medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Housekeeping 5 days a week , 4 hours a day for 2 weeks for Hygiene, Cooking , Cleaning:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Based on the clinical information provided, the request for housekeeping 5 days a week, 4 hours a day for 2 weeks for hygiene, cooking and cleaning is not recommended as medically necessary. The submitted records fail to establish that the injured worker is

homebound on a part time or intermittent basis as required by CA MTUS guidelines for home health services. Additionally, CA MTUS guidelines note that 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.