

Case Number:	CM14-0081122		
Date Assigned:	07/21/2014	Date of Injury:	09/04/2001
Decision Date:	09/17/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/03/2014

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:

The patient is a 53-year-old female, who has submitted a claim for chronic pain syndrome associated with an industrial injury date of September 4, 2001. Medical records from 2014 were reviewed, which showed that the patient complained of chronic right shoulder, upper extremity and neck. Patient also has multiple medical problems. Physical examination revealed tenderness over all muscle groups to palpation. There was some mild decrease in strength in both upper and lower extremities. No spasm and stiffness noted upon inspection. Treatment to date has included oral medications, analgesics and psychiatric evaluations. Utilization review from May 28, 2014 denied the request for 7 Housekeeping / Cooking assistance, 3 hours a day for 7 days per week (no end date) related to abdominal pain as outpatient because the current request is not medically indicated as functional deficits and ADL limitations in this case are not verified.

IMR ISSUES, DECISIONS AND RATIONALES

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

7 Housekeeping/Cooking assistance, 3 hours a day for 7 days per week (no end date) related to abdominal pain as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chronic pain; Summary of Recommendation, Chronic pain disorders.

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

Decision rationale: As stated in page 51 of CA MTUS Chronic Pain Medical Treatment Guidelines, home health services are only recommended for otherwise recommended medical treatment for patients who are home-bound, 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. In this case, the rationale given for this request is because patient is unable to do housekeeping duties due to pain and weakness. However, inability in performing activities of daily living were not verified in the documentation submitted. Furthermore, as recommended by the guidelines stated above, home health services should not include homemaker services such as cleaning and cooking. The medical necessity as stated is inconsistent with the MTUS recommendations. Therefore, the request for 7 Housekeeping / Cooking assistance, 3 hours a day for 7 days per week (no end date) related to abdominal pain as outpatient is not medically necessary.