

Case Number:	CM14-0090486		
Date Assigned:	09/10/2014	Date of Injury:	01/10/2007
Decision Date:	11/18/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/16/2014

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:

This patient is a 68 year-old female with date of injury 01/10/2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/04/2014, lists subjective findings as pain in the low back and left knee. Objective findings: Examination of the lumbar spine revealed active range of motion was 45 degrees in forward flexion and 15 degrees for extension with pain, especially on extension. Facet stress test was positive. DTRS were bilateral and symmetrical in the neurological examination. Patient was unable to toe and heel stand or balance on either leg. Left knee was tender on the lateral aspect and mildly swollen. Diagnosis: 1. Lumbar degenerative disc disease 2. Lumbar facet arthropathy 3. Postlaminectomy syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Housekeeping twice weekly for 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Home Health Services

Decision rationale: The Official Disability Guidelines recommend home health services only for recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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. The medical record does not contain documentation that the patient requires medical services to be provided at the home. Home health services are not medically necessary.