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| Case Number: | CM14-0098911 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 08/06/1997 |
| Decision Date: | 10/08/2014 | UR Denial Date: | 06/04/2014 |
| Priority: | Standard | Application Received: | 06/27/2014 |

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 Internal Medicine and is licensed to practice in Arizona. 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 68year old woman with a work-related injury dated 8/6/1997, 10/27/92 and 4/23/91. The diagnosis is fibromyalgia and knee arthritis. The patient was seen on 2/25/14 with complaints of continued pain associated with arthritis. Physical exam showed over 12 trigger points with the left knee swollen and hot and tenderness to the right knee. The plan of care included continued use of oral analgesics, an orthopedic evaluation, a housekeeper and counseling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Housekeeper: Upheld

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

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

Decision rationale: According to the MTUS, home health services are recommended for patients who are homebound, on a part-time basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and

laundry. In this case there is no documentation that the patient is homebound. Furthermore, homemaker services are not included. Therefore the request is not medically necessary.