

Case Number:	CM14-0189499		
Date Assigned:	11/20/2014	Date of Injury:	06/25/2009
Decision Date:	01/08/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/13/2014

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:

Patient is a 47 year-old female with date of injury 06/25/2009. The medical document associated with the request for authorization, a primary treating psychiatrist's progress report, dated 09/30/2014, lists subjective complaints as depression and anxiety. Objective findings: Patient takes Percocet 10/325mg for her chronic pain and she states it helps her to perform household chores. But many chores remain very difficult for her. No other objective findings were documented by provider. Diagnosis: 1. Osteoarthritis, left hip 2. Osteoarthritis, left knee 3. Low back pain, chronic 4. Sciatica 5. Degenerative disc disease 6. Major depressive disorder 7. Anxiety 8. Post-traumatic stress disorder 9. Chronic intractable pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Housekeeping services for depression, stress, and anxiety: Upheld

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

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. Housekeeping services for depression, stress, and anxiety are not medically necessary.