

<b>Case Number:</b>	CM15-0104170		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	06/04/2002
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 62-year-old female, who sustained an industrial injury on June 4, 2002. The mechanism of injury was not provided. The injured worker has been treated for mid-back and low back complaints. The diagnoses have included chronic thoracic pain, low back pain, thoracic spine degenerative disc disease with radiculopathy, shoulder pain, lumbar intervertebral disc degeneration, myalgia and myositis unspecified and spasm of muscle. Treatment to date has included medications, radiological studies, MRI, epidural steroid injections, ice/heat treatments and a home exercise program. Current documentation dated May 7, 2015 notes that the injured worker reported ongoing thoracic and lumbar pain. The pain was rated a three-eight out of ten on the visual analogue scale with medications. The injured worker current medication regime keeps the pain manageable to allow for necessary activities of daily living. Examination of the neck, right shoulder, thoracic spine and lumbar spine revealed a painful and restricted range of motion. A straight leg raise was mildly positive on the left. The injured worker also noted that she required assistance with household chores that she is unable to accomplish due to the industrial injuries. The treating physician's plan of care included a request for house cleaning services #48 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**House Cleaning Services (hours) Qty: 48: 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) Pain section, Home health services.

**Decision rationale:** Pursuant to the Official Disability Guidelines, House Cleaning Services (hours 48) is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization or to provide longer term nursing care and supportive services for those whose condition is such that they would otherwise require inpatient care. Home healthcare is the provision of medical and other health care services to the injured party at their place of residence. These services include both medical and nonmedical services for patients who are confined to the home and who require skilled care by a licensed medical professional; and or personal care services for health-related tasks such as bowel and bladder care feeding, bathing etc. Domestic services such as shopping, cleaning and laundry that the individual is no longer capable of performing due to illness or injury may be medically necessary. Justification for medical necessity of home health services required documentation of the medical condition including objective deficits; expected kinds of services that with an estimate of the duration and frequency; the level of expertise and professional qualification or licensure; etc. In this case, the injured worker's working diagnoses are degeneration lumbar or lumbosacral inter-vertebral disc; chronic pain syndrome; thoracic or lumbar neuritis or radiculitis unspecified; myalgia and myositis; scapulalgia; shoulder joint pain; brachial neuritis or radiculitis; spasmodic muscles; degeneration of thoracic or lumbar inter vertebral disc; constipation and gastroesophageal reflux. The documentation indicates the injured worker has chronic upper and lower back pain with radicular symptoms. A May 7, 2015 progress note indicates the injured worker is able to perform 30 minutes of shopping for the scooter and uses a cane for ambulation. The treating provider has requested a gym membership. Home healthcare is indicated and recommended for patients that are homebound. Domestic services are covered provided the injured worker is homebound. There is no documentation in the medical record suggesting or documenting the injured worker is homebound. A gym membership was requested and the injured worker uses a cane for ambulation, in addition to a scooter. Consequently, absent clinical documentation including a homebound status, House Cleaning Services (hours 48) is not medically necessary.