MAXIMUS Federal Services

Case Number:	CM15-0186793		
Date Assigned:	09/28/2015	Date of Injury:	01/19/2010
Decision Date:	11/06/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/22/2015

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: Montana, Oregon, Idaho
Certification(s)/Specialty: Orthopedic Surgery

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 50 year old female, who sustained an industrial injury on 01-19-2010. She has reported subsequent neck, left shoulder and bilateral elbow pain and was diagnosed with cervical degenerative joint disease status post-cervical spine fusion of C3-C7, medial periscapular pain and bilateral lateral epicondylitis right greater than left. CT of the cervical spine on 10-25-2014 showed anterior interbody fusion of C3-C7 with fractured proximal fixation plate. Work status was documented as totally permanently disabled. Treatment to date has included pain medication, acupuncture and surgery, which were noted to have failed to significantly relieve the pain. A 12-15-2014 progress note shows that the injured worker was five months status post open revision repair for common lateral epicondylar tendinosis-extensor digitorum communis disease. The injured worker was noted to continue to improve. In a 03-04-2015 progress note, the physician noted that the injured worker's right elbow continued to be symptomatic but that she was improving and finding her ability to increase heavier objects improving. Objective findings showed full range of motion of the elbow, well-healed surgical scar with minimal tenderness, good strength on grip testing and that the injured worker was able to lift a light roller stool with both hand and elevate it in front of her body. In a progress note dated 07-29-2015, the injured worker reported some soreness and pain at the base of the neck and pain in the left elbow, which was emanating from the elbow itself. Objective examination findings revealed some tenderness and evidence of spasm at the base of the neck, very guarded range of motion of the cervical spine with moderate pain at the extremes of motion and one specific trigger point of the right paracervical area, which was injected. The physician noted that

the injured worker needed some assistance for yard work and heavy housework four hours per week in the next eight weeks as the physician noted that the injured worker could not perform heavy tasks at this point in recovery. There was no specific documentation as to how the injured worker's symptoms were impacting her ability to perform activities of daily living. A request for authorization of assistance of heavy housework 4 hours per week for 8 weeks was submitted. As per the 09-17-2015, utilization review, the request for assistance with heavy housework 4 hours per week for 8 weeks was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistance with heavy housework 4 hours per week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are homebound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration. In this case, the request is for assistance with housework and not for any other medical treatment. This request is not supported by the guidelines and therefore is not medically necessary.