

<b>Case Number:</b>	CM15-0188956		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	08/03/2001
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 64-year-old female, with a reported date of injury of 08-03-2001. The diagnoses include status post right total knee arthroplasty, status post left total knee arthroplasty, and chronic lumbar spine myoligamentous sprain and strain. Treatments and evaluation to date have included Percocet, Robaxin, lactulose, Ambien, and Prilosec. The diagnostic studies to date have included an MRI of the lumbar spine on 05-11-2011 which showed broad-based disc protrusion at L2-3, L3-4, L4-5, and L5-S1 with foraminal narrowing and increased disc size at L2-3, L3-4, and L4-5, and congenital central canal stenosis. The interim report dated 06-02-2015 indicates that the injured worker was last seen one year prior. She was three years postoperative right total knee arthroplasty. The injured worker also had a left total knee arthroplasty. It was noted that she had persistent low back pain. She had an episode of severe back pain in the shower, which caused her to fall. She had difficulty getting in and out of the shower, difficulty with cleaning at her house, and doing household chores. The objective findings included mild lumbar paravertebral tenderness; restricted lumbar range of motion with pain; intact neurologic exam to the lower extremities; right knee range of motion was 0 to 120 degrees; no instability of the right knee; left knee range of motion was 0 to 120 degrees; and no instability of the left knee. It was noted that x-rays of the right knee showed no evidence of loosening. The treating physician indicated that the injured worker had persistent chronic pain, severe at times in the lumbar spine; difficulty with activities of daily living and household chores; and that she would benefit from a housekeeper four hours per day, once a week, to assist with cleaning and housekeeping activities. The injured worker remained permanent and stationary. The request for authorization was dated 06-24-2015. The treating physician requested a housekeeper to assist with cleaning four hours a day for one day a week. On 09-03-2015, Utilization Review (UR) non-certified the request for a housekeeper to assist with cleaning four hours a day for one day a week.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Housekeeper to assist with cleaning 4 hrs/a day for 1/day a week: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**Decision rationale:** Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are home bound but only on a part time or intermittent basis generally up to no more than 35 hours per week. In this case, the most recent documentation does not indicate that the patient is home bound. The request for housekeeping 4 hours/day for 1 day/week is not medically necessary or appropriate.