

Case Number:	CM15-0038893		
Date Assigned:	03/09/2015	Date of Injury:	09/19/2009
Decision Date:	04/14/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/02/2015

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 46-year-old female, who sustained an industrial injury on 9/19/2009. She reported falling backward in a chair and injuring her bilateral shoulder, elbows, neck and upper back. The injured worker was diagnosed as having thoracic outlet syndrome and vertebro-basilar artery syndrome. Treatment to date has included physical therapy and medication management. A progress note from the treating provider dated 12/22/2014 indicates the injured worker reported severe neck pain that radiates down both arms with tingling, numbness and severe weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Housekeeping services once a week for 4 hours (weeks) QTY: 6: Upheld

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

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

Decision rationale: Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound. This worker is not homebound. Furthermore, medical treatment does not include homemaker services like shopping, cleaning, and laundry. Therefore, this is not medically necessary.