

Case Number:	CM15-0041630		
Date Assigned:	03/23/2015	Date of Injury:	07/21/1997
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/04/2015

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, Tennessee
 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 54-year-old male who sustained an industrial injury on 07/21/1997. The mechanism of injury or the complaints at the time of the injury are not documented. Treatments to date include dental treatments and psychotherapy. He presents on 01/28/2015 after having a frontal crown and cleaning the previous day. He complained of bleeding of gums, occasional right finger numbness, low back pain, cervical spine pain and mouth pain and sensitivity. Depression is noted to be worse. Physical exam noted increased frontal teeth gingival atrophy, decay in area of prior bone graft from the hip and bilateral frontal increased maxillary pain and sensitivity with tenderness to palpation. Diagnoses were severe depression, traumatic brain injury, moderate obstructive sleep apnea and facial neuralgia. Plan of treatment was follow up with dentist, periodontist, gym membership, psychotherapy and deep cleaning 16 hours per month. The issue for review is deep cleaning 16 hours a month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown deep cleaning home help: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 51.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that home health services are recommended only for recommended medical treatment in patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include personal care like bathing, dressing, or toileting and it does not include homemaker services like shopping, laundry, or cleaning. The care requested in this case is for deep cleaning of the home. These services are not covered. The request is not medically necessary.