

Case Number:	CM15-0237666		
Date Assigned:	12/14/2015	Date of Injury:	02/19/2010
Decision Date:	01/20/2016	UR Denial Date:	11/23/2015
Priority:	Standard	Application Received:	12/04/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old female who sustained an industrial injury on 2-19-10. A review of the medical records indicates she is undergoing treatment for dizziness and giddiness. Medical records (6-29-15, 7-27-15, and 8-24-15) indicate ongoing complaints of neck pain, rating "5-6 out of 10" with medications and "8.5-9 out of 10" without medications. She reports that, due to pain, household chores are "very difficult", including carrying heavy groceries, vacuuming, laundry, and cleaning. She is requesting assistance with household chores. The physical exam (8-24-15) reveals restricted cervical range of motion "by pain". Spasm and tenderness is noted of the cervical paravertebral muscles bilaterally. Spurling's maneuver is negative, as is the cervical facet loading test bilaterally. The motor exam reveals "normal tone, power, and nutrition" of the muscles. The sensory exam reveals "normal touch, pain, temperature, deep pressure, vibration, tactile localization, and tactile discrimination". Diagnostic studies have included x-rays of the cervical spine, an MRI of the cervical spine, and an EMG-NCV study of bilateral upper extremities. Treatment has included medications, a cervical epidural steroid injection, physical therapy, and psychotherapy. Treatment recommendations include continuation with medications and 4 hours of in-home care per week "to assist with chores such as laundry, carrying in groceries, vacuuming, and cleaning". The utilization review (11-23-15) includes a request for authorization of 4 hours in-home per week care to assist with chores such as laundry, carrying in groceries, vacuuming, and cleaning. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 hours in-home per week care to assist with chores such as laundry, carrying in groceries, vacuuming and cleaning: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. This request is for homemaker services and not for medical treatment. The request for 4 hours in-home per week care to assist with chores such as laundry, carrying in groceries, vacuuming and cleaning is not medically necessary.