

Case Number:	CM14-0185918		
Date Assigned:	11/13/2014	Date of Injury:	06/08/2004
Decision Date:	12/16/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62 year-old injured worker sustained an injury on 6/8/2004 to the low back and right shoulder from carrying a dresser with the assistance of another worker while employed by [REDACTED]. Request(s) under consideration include Housekeeping 6-8 hours per month. Diagnoses list Chronic pain with history of right L5-S1 discectomy (September 2005) and s/p stimulator implant. AME report of 7/16/12 noted injured worker had stopped working on 6/11/14 due to low back and right lower extremity pain. The injured worker started using a cane that got caught as his right left gave way, causing a pull to his right shoulder in 2006. Conservative care has included medications, physical therapy, right shoulder steroid injections, SI joint injections, epidural injections, pain patches, and modified activities/rest. Exam showed no specific motor weakness, diffuse altered sensation in right lateral calf, across anterior ankle and right great toe; limited lumbar range; limited right shoulder range; intact upper extremity sensation and 5/5 motor strength with negative provocative testing. Diagnoses included constant low back pain and right lower extremity pain s/p L5-S1 laminotomy/discectomy September 2005 s/p epidural steroid injections and adhesiolysis (12/20/11); right shoulder pain with adhesive capsulitis; and major depression. It was noted right shoulder was P&S since 8/11/09 and low back about 12/20/11. Orthopedic AME noted injured worker not a candidate for any spine surgery with continued psychotherapy if benefiting and physical therapy with possible SC stimulator. Pain management report of 6/13/14 noted unchanged symptom complaints. Medications list Nucynta, Diazepam, Propoxyphen, Soma, Cialis, Prilosec, Ketoprofen, and Alprazolam. Exam showed lumbar spine with tenderness over lumbar area and SI joint; positive SLR and limited range due to pain with spasm decreased sensation and diffuse right lower leg weakness. Medications were prescribed. Report of 10/23/14 noted injured worker with chronic ongoing cramping and anxiety. Exam only noted

injured worker ambulating with cane with affect appropriate and moderately depressed. The provider noted the issue for housekeeping will be addressed in court. Mediations were continued. Medications list Opiates, benzodiazepines and Soma. The request(s) for Housekeeping 6-8 hours per month was non-certified on 10/22/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Housekeeping 6-8 hours per month: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 52.

Decision rationale: MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The injured worker does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. The injured worker is ambulating independently with cane and is not homebound. Submitted reports have not demonstrated any specific deficient performance is evident in activities of daily living with unchanged non-progressive clinical exam findings. AME report had no future medical provision for housekeeping services outside guidelines criteria. The Housekeeping 6-8 hours per month is not medically necessary.