

Case Number:	CM14-0094256		
Date Assigned:	07/25/2014	Date of Injury:	10/11/2000
Decision Date:	10/15/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/20/2014

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 Occupational Medicine 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 is a 67-year-old female with a date of injury of 10/11/00. The mechanism of injury was not noted. On 4/18/14 she complained of right shoulder pain. She stated the Voltaren gel and applying heat is helpful. She stated she still needs help with household chores such as cleaning, laundry, cooking, and housekeeping. Her family members can no longer help because she has had to move. On exam the findings stated with respect to extremities: No clubbing, No cyanosis; Neurologic: Coordination grossly NL; Mentation normal. The diagnostic impression is chronic pain, chronic headaches, depression/anxiety with panic attacks, and insomnia with excessive daytime sleepiness. Treatment to date: medication management. A UR decision dated 5/12/14 denied the request for home housekeeping 5 hours a day/ 4 days per week. The request for home housekeeping was denied because there is no data to conclude the inability for self-care in regards to either activities of daily living or needs in regards to home or house care duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home housekeeping 5 hours a day/4 days per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: CA MTUS states that home health services are recommended only for otherwise recommended medical treatment for 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 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. However, no other documentation of medical need is noted. The patient is requesting housekeeping services because she has moved and therefore her family members can no longer help. Guidelines state medical treatment does not include homemaker services and personal care when this is the only care needed. Therefore, the request for home housekeeping 5 hours a day/ 4 days per week was not medically necessary.