

Case Number:	CM14-0218982		
Date Assigned:	01/09/2015	Date of Injury:	03/13/2009
Decision Date:	03/10/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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 55 year old female, who sustained an industrial injury on 3/13/2009. The diagnoses have included knee pain/ joint leg pain. Treatment to date has included medications, physical therapy, injections and knee surgeries. Per the PR2 from 12/1/2014, the injured worker complained of continued knee pain bilaterally. The pain was described as sharp pain and constant. She had a lot of pain in the right knee and bone scan showed either loosening or infection. The injured worker also complained of spasms, stiffness, swelling, insomnia, fatigue, anxiety and depression. Physical exam revealed left knee swelling, tenderness and decreased flexion and right knee swelling, tenderness and decreased flexion. The treating provider is requesting In-Home Supportive Services (IHSS) for deep cleaning of house 8 hours per week. On 12/12/2014, Utilization Review non-certified a request for In-Home Supportive Services (IHSS) for deep cleaning of house 8 hours per week, duration not included, noting that the claimant exhibited difficulty with ambulation and weight-bearing; however, current evidenced-based medicine guidelines do not consider homemaking services to be medical treatment. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

IHSS for Deep Cleaning of House 8 Hours Per Week - Duration Not Indicated (2x6):

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Home Health Services.

Decision rationale: MTUS Guidelines do not consider domestic services as medical treatment. The Guidelines clearly state that house-cleaning services are not considered medical treatment. ODG Guidelines provide greater detail and an expanded definition of home health services. ODG Guidelines include the need for domestic services under the umbrella of home health services that may be appropriate and necessary. However, even when utilizing the expanded coverage of the ODG Guidelines the Guidelines specifically state that documentation of the duration of services is required for the request to be considered medically necessary. This standard has not been met. The request for IHSS for Deep Cleaning of House 8 hours per week - Duration not indicated is not supported by Guidelines and is not medically necessary.