

<b>Case Number:</b>	CM15-0019374		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	10/17/2007
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 female, who sustained an industrial injury on 10/17/2007. She reported a fall and low back pain. Diagnoses include status post lumbar surgery in April 2010. Treatments to date include physical therapy, surgery, aquatic therapy, spinal cord stimulator trial and medication management. A progress note from the treating provider dated 11/18/2014 indicates the injured worker reported low back pain. On 1/22/2015, Utilization Review non-certified the request for home health housekeeping 4 hours once weekly, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health housekeeping, 4hrs, once weekly, duration unspecified:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** According to MTUS guidelines, home care assistance is "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 (CMS, 2004)." The patient does not fulfill the requirements mentioned above. There is no documentation that the patient recommended medical treatment requires home health aide. Therefore the request for Home health housekeeping, 4hrs, once weekly, duration unspecified is not medically necessary.