

<b>Case Number:</b>	CM15-0125241		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	10/04/2012
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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, Alabama, 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:

This 45 year old male sustained an industrial injury to the cervical spine on 10/4/12. The injured worker underwent anterior cervical fusion at C5-6 and C6-7 on 5/19/15. In a progress report dated 6/5/15, the injured worker was two weeks postop from his cervical fusion. The physician stated that the injured worker had done really quite well with this. His swelling was improved. There was no problem with the wounds. The injured worker was using his brace diligently. The injured worker was taking Norco for pain relief. Physical exam was remarkable for a well-healed incision over the neck and right hip and satisfactory gait without any motor or sensory deficits in the upper extremities. X-rays taken during the office visit showed excellent alignment and position of hardware from C5-C7 with anterior plate interbody cages. Current diagnoses included cervical stenosis and radiculopathy, status post fusion. The physician noted that the injured worker was unable to do much around the house because of his limitations with lifting, bending and twisting. The physician recommended a house cleaning service. The treatment plan included continuing Norco for pain relief, continuing cervical collar for four more weeks and house cleaning and home maid two times a week, three to four hours a day for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**House cleaning & home maid, 2 times a week, 3-4 hours a day, for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

**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 House cleaning & home maid, 2 times a week, 3-4 hours a day, for 6 weeks is not medically necessary.