

<b>Case Number:</b>	CM15-0172898		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	04/10/2008
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic elbow, hand, and wrist pain with derivative complaints of depression reportedly associated with an industrial injury of April 10, 2008. In a Utilization Review report dated August 4, 2015, the claims administrator failed to approve a request for home health services comprising of a house cleaner. Office visits and RFA forms of July 21, 2015 and July 28, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On August 13, 2015, the applicant's home health caregiver contended that the applicant had ongoing issues with chronic pain and chronic depression, both of which were described as severe. Home health services to include meal preparation, laundry, and light housekeeping were sought, seemingly at a rate of 4 hours a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health house cleaners 4 hours a day 28 hours a week (duration of treatment not noted): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

**Decision rationale:** No, the request for home health services to include provision of housecleaning at rate of four days a day, was not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment to applicants who are home bound. Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines notes, however, that home maker services such as cooking, cleaning, and the like do not constitute medical treatment. Here, the home health note of August 13, 2015 suggested that the services in question in fact represented meal preparation, laundry, housekeeping, and cleaning services, i.e., services that do not constitute medical treatment, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.