

Case Number:	CM15-0174012		
Date Assigned:	09/15/2015	Date of Injury:	04/28/2008
Decision Date:	10/19/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/03/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 60-year-old female, who sustained an industrial injury on April 28, 2008, resulting in pain or injury to the low back. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain, lumbar disc displacement without myelopathy, and long-term medication use. On July 24, 2015, the injured worker reported chronic low back pain, rated a 7 out of 10 on the visual analog scale (VAS). The Treating Physician's report dated July 24, 2015, noted the injured worker noted particular benefit with the use of an H-wave unit, decreasing her pain level down to a 4-5 out of 10. The injured worker was noted to have completed 6 sessions of physical therapy and transitioned to a home exercise program (HEP), and had been going to the gym 2-3 times a week, feeling as though she had more energy. The injured worker was noted to have been utilizing Norco and Flexeril, decreasing the burning sensation in her legs and decreasing her pain long enough to continue with a home exercise program. Prior treatments have included lumbar spine surgery, lumbar epidural steroid injection (ESI), physical therapy, home exercise program (HEP), H-wave, and medication. The injured worker's work status was noted to be permanent and stationary. The injured worker noted she had difficulty cleaning her house and inquired about a home health service that could help with cleaning on a once a week basis. The request for authorization dated July 28, 2015, requested home health care for cleaning once a week. The Utilization Review (UR) dated August 4, 2015, non-certified home health care for cleaning once a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care for cleaning once a week: 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: The California MTUS section on home health states: 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 request is for house cleaning once a week. This is not supported by the California MTUS. Therefore, the request is not medically necessary.