

<b>Case Number:</b>	CM15-0092971		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	12/22/2009
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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, California  
 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:

This is a 62-year-old female patient, who sustained an industrial injury on 12/22/09. The diagnoses include L4-L5 spondylolisthesis; degenerative disc disease; lumbar spinal stenosis; status post TLIF surgery (12/18/14); left shoulder impingement syndrome compensatory of right shoulder industrial injury; status post right shoulder arthroscopy subacromial decompression x2; multilevel herniated nucleus pulposus cervical spine; chronic right C5-6 radiculopathy; Grade 3 chondromalacia right glenoid; psychological diagnosis. Per the PR-2 note dated 4/13/15, she is a status post transforaminal lumbar interbody fusion (TLIF) surgery on 12/18/14 and recovering. She indicates her back pain is much improved; however she has pain and burning and numbness to her feet. She has yet to start postoperative physical therapy and remains under the care of the surgeon. She has also complaints of bilateral shoulder pain, which has been exacerbated postoperatively. The physical examination revealed restricted lumbar spine range of motion, negative straight leg raising, normal strength in lower extremities; normal shoulder range of motion. The medications list includes norco, tramadol and flexeril. She has undergone transforaminal lumbar interbody fusion (TLIF) surgery on 12/18/14 and right shoulder arthroscopy subacromial decompression x2 for this injury. She has had lumbar spine X-rays on 4/13/15, which revealed evidence of circumferential fusion at L4-5 with pedicle screws and interbody spacer. His treatment plan includes Housekeeping assistance x 8 hours per week due to the degree of progress the injured worker has made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Housekeeping assistance x 8 hours per week:** 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:** Housekeeping assistance x 8 hours per week. Per the cited guidelines below, regarding home health services "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis." 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. Any evidence that the patient is totally homebound or bed ridden is not specified in the records provided. Homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not considered medical treatment. The presence or absence of any family members for administering that kind of supportive care is not specified in the records provided. The medical necessity of Housekeeping assistance x 8 hours per week is not medically necessary.