

Case Number:	CM14-0148769		
Date Assigned:	09/18/2014	Date of Injury:	05/27/2008
Decision Date:	10/22/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50-year-old female with a reported date of injury of 05/27/2008. The mechanism of injury was noted to be a fall. Her diagnoses were noted to include shoulder joint pain, wrist joint pain, lumbago, cervical degenerative disc disease, cervical postlaminectomy syndrome, and cervical radiculitis. Her previous treatments were noted to include surgery and medications. The progress note dated 08/19/2014 revealed complaints of headaches and chronic uncontrolled neck pain as well as neuropathic pain throughout the bilateral upper extremities. The injured worker indicated her husband would be leaving for work and she was unable to perform most household chores due to neck pain since her husband did most of the cleaning. The injured worker indicated she could only perform light household chores such as putting dishes in the dishwasher and requested housekeeping services while he is away since she was unable to perform those tasks. The physical examination of the neck revealed decreased range of motion and a positive facet loading test. The sensory examination revealed intact to light touch for left lower extremity except the injured worker stated there was decreased sensation to light touch on the right lower extremity in comparison to the left. The right arm was less sensitive than the left arm and hand. The right shoulder range of motion was decreased. The Request for Authorization form dated 08/22/2014 was for a housekeeper 2 hours a week for 4 months due to the injured worker's inability to perform household tasks due to neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Housekeeper 2 hours per week for 4 months: 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: The request for a housekeeper 2 hours per week for 4 months is not medically necessary. The injured worker indicated she was unable to perform household cleaning due to severe neck pain. The California MTUS Chronic Pain Medical Treatment Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are home bound 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. There was a lack of documentation regarding medical treatment of the injured worker being home bound to necessitate a housekeeper. The guidelines recommend home health services who are home bound and need medical treatment as well as homemaker services. The documentation provided did not indicate the injured worker needed medical treatment at home to necessitate home health. Therefore, the request for Housekeeper is not medically necessary.