

Case Number:	CM13-0005157		
Date Assigned:	06/13/2014	Date of Injury:	12/03/2012
Decision Date:	07/29/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	07/31/2013

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 California. 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 40-year-old male with a reported date of injury on 12/03/2012. The injury reported occurred when the injured worker was taking out plastic bags on a cart and he turned and felt a pop in his right knee. His diagnoses were noted to include status post right knee arthroscopic partial medial meniscectomy and right quadriceps and calf atrophy. His previous treatments were noted to be rest, physical therapy, surgery, and medications. The progress note dated 04/24/2014, reported the injured worker complained of pain in the back of the right knee when he walked or stood. The injured worker complained of occasional numbness, tingling, and swelling at the back of the knee joint. The physical examination reported the gait was not antalgic and injured worker ambulated without assistance of cane or crutches. The physical examination of the lumbar spine reported decreased range of motion. However, the injured worker did not complain of increased pain towards terminal range of motion. There was no paraspinal musculature tenderness to palpation or to the spinous process and bilateral sacroiliac joints. The hip examination was noted to have full range of motion with no tenderness noted. The range of motion to the right knee was noted to be flexion to 125 degrees and extension to 0 degrees. There was popping/crepitus during the range of motion testing bilaterally and mild pain during range of motion testing on the right. There were no palpable masses. However, there was mid joint line tenderness on the right. The request was for home health care assistance for 5 hours per day, 7 days per week for 2 weeks, reduced to 4 hours per day, 3 days per week for 4 weeks due to the injured worker's continued complaints and associated impairments of activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Care Assistance for Five hours X day, Seven days per week for Two weeks
Reduced to Four hours X day, Three days per week for Four weeks: 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 California Chronic Pain and Medical Treatment Guidelines recommend home health services only for otherwise recommended medical treatment for the patients who are home bound, on a part time or intermittent basis, generally up to no more than 35 hours per week. The 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. The injured worker was not receiving medical treatment to necessitate home health services and the documentation provided does not indicate the injured worker is home bound. Therefore, Home Health Care Assistance for Five hours X day, Seven days per week for Two weeks Reduced to Four hours X day, Three days per week for Four weeks is not medically necessary.