MAXIMUS Federal Services

Case Number:	CM13-0013958		
Date Assigned:	01/03/2014	Date of Injury:	05/16/2002
Decision Date:	03/18/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 patient is a 60-year-old female with date of injury of 05/16/2002. The listed diagnoses per [redacted] dated 07/01/2013 are: 1. Medial meniscal tear of the left knee 2. Lateral meniscal tear of the left knee 3. Degenerative joint disease of the left knee 4. Status post left total hip replacement, November of 2012 According to progress report 07/01/2013 by [redacted], the patient complains of anterior and anterolateral knee pain especially with prolonged weight bearing. She has pain with planting and pivoting. The knee gives way and she senses that her symptoms are worsening. She could not run, jump, or kneel. She has intermittent swelling, slight locking and popping of the knee. Objective findings show she has an antalgic gait. She is walking with a cane. Knee examination demonstrates synovial thickening with 0 to 1+ effusion. She has medial and lateral joint line tenderness and retropatellar tenderness with range of motion from about 5 degrees to 100 degrees. There is no medial or lateral collateral ligament laxity to varus or valgus stress testing. The anterior drawer and Lachman's test are negative. According to this report, MRI reveals degenerative tear of the posterior horn of the medical meniscus and an anterior horn tear of the lateral meniscus. There is also some mild tricompartmental degenerative joint disease noted. The treater is requesting home health care for 4 weeks 4 to 6 hours per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for Home Care for four (4) weeks (4-6 hours per day): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG). Page(s): 51.

Decision rationale: This patient presents with chronic knee pain. The treater is requesting home health care for 4 weeks for 4 to 6 hours per day. Utilization review dated 08/15/2013 denied the request for home health care stating that based on MTUS Guidelines that recommends this for patients who are homebound on a part-time or intermittent basis generally up to no more than 35 hours a week and also that treatment does not include homemaker services like shopping, cleaning, and laundry, personal care given by home healthcare aides. This individual is said to have home help already and is said to be pending a knee meniscus and chondroplasty surgery. There are no reports that she is homebound or a description of specific home aide medical treatment care that is requested and cannot be performed by the individual at home or by personnel at the physician's office. MTUS page 51 on home health services recommends this service for patients who are homebound on a part-time or intermittent basis. Medical treatment does not include home maker services like shopping, cleaning, and laundry. This patient is a 60-year-old female with no indications that she is unable to care for herself. The patient does not carry a diagnosis that will result in the patient being homebound. The treater's progress report making the request was also not made available for review. The treater does not provide any documentation as to why this patient is not able to care for herself and do simple chores. Given that medical treatment services do not include household chores, shopping, laundry services, the recommendation is for denial.