

Case Number:	CM13-0022217		
Date Assigned:	11/13/2013	Date of Injury:	05/26/2000
Decision Date:	01/16/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/09/2013

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 Internal Medicine and Cardiology, has a Fellowship trained in Cardiovascular Disease and is licensed to practice in Texas. 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:

This claimant is a 77-year-old female. She has reported date of injury of 07/28/2000 with an unspecified mechanism of injury. Initial diagnosis was major depressive syndrome. She was taken to surgery on 04/16/2012 for right knee arthroscopy and partial arthroscopic medial and lateral meniscectomies. The claimant was seen in clinic on 08/22/2013 for orthopedic re-evaluation. It was stated then that she continued to have complaints of pain to multiple areas including knees, right hip, and back. She reported difficulty walking for prolonged periods of time, standing, bending, lifting, and squatting due to her work injury. She reported difficulty performing her ADLs and indicated her husband was her caregiver and assisted her with her ADLs. Her husband has passed away now and she is alone and no longer has a caregiver. On exam, she ambulates with the use of a cane and there is tenderness over the medial joint line, subpatellar crepitation with range of motion and pain with deep flexion. There is pain elicited about the right hip with flexion, internal and external rotation, and she has difficulty rising from a seated position and from a seated to a standing position. She also has tenderness to the lower lumbar paravertebral musculature and forward flexion is 40 degrees and extension 10 degrees. Diagnoses included bilateral knee arthritis, status post right hip arthroplasty with component loosening, and lumbar spondylosis with facet arthropathy. Plan at that time was to request home health services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care three (3) hours a day for six (6) days a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Section Page(s): 51.

Decision rationale: This request is for home health services for 3 hours a day for 6 days a week. The most recent clinical note dated 08/22/2013 does indicate this claimant has pain throughout the bilateral knees, right hip, and lumbar spine with some limited range of motion in the lumbar spine. There is no indication that she has significant decreased range of motion about the knees or about the right hip. The California MTUS Chronic Pain Guidelines indicate that home health services are recommended 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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." While the records do indicate this patient has some limitations, they do not indicate that she has medical need for home health services now. They do not indicate the need for physical therapy, occupational therapy, or patient management or wound care as part of her home health services. The request is for 3 hours a day for 6 days a week and records do not indicate who is going to be assisting this claimant on the hours that home health services are not required. This should be evaluated prior to requesting home health services for 3 hours a day for 6 days a week. As such, this request is not considered medically necessary at this time and is non-certified.