

<b>Case Number:</b>	CM13-0025684		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	02/18/2010
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic leg pain, obesity, and joint pain reportedly associated with an industrial injury of February 18, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; prior right knee surgery; eventual left knee total arthroplasty; a TENS unit, a Dynasplint; and extensive periods of time off of work, on total temporary disability. In a utilization review report of August 22, 2013, the claims administrator denied the request for home care services. The applicant's attorney later appealed. In a September 5, 2013 note, the attending provider notes that the applicant no longer needs home health services. She is apparently functioning better. She and her husband are now able to do the home health services. The attending provider writes that he takes exception to the claims administrator's utilization reviewers using the MTUS Chronic Pain Medical Treatment Guidelines for home health services as opposed to postsurgical treatment guidelines. An August 22, 2013 note is notable for comments that the applicant is having soreness about the knee. She is walking better. She is asked to continue to use the Dynasplint, pursue additional therapy, and remain off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home care for four (4) hours a day for six (6) weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** As noted in MTUS 9792.23.b.1, the postsurgical treatment guidelines in section 9792.24.3 for postsurgical physical medicine shall apply together with any other replicable treatment guidelines found in the MTUS. In this case, therefore, the MTUS Chronic Pain Medical Treatment Guidelines home health services topic on page 51 is therefore invoked. This topic states that home health services are not recommended for provision of activities of daily living and should only be endorsed to furnish medical treatment in individuals who are home bound or bedbound, such as IV antibiotics delivery, IV fluids, wound care, home-based physical therapy, etc. In this case, it is not clearly stated precisely what services are being requested. Based on the attending provider's description, however, it appears to represent provision of non-medical help with home care activities, such as cooking, cleaning, etc. This is specifically not covered, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request remains non-certified, on independent medical review.