

<b>Case Number:</b>	CM13-0027875		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	01/12/2007
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 and has a subspecialty in Cardiovascular Diseases 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:

The patient is a 54 year old male who reported an injury on 01/12/2007. The mechanism of injury was a twisting of the knee. The patient is status post tibial tubercle osteotomy and autologous chondrocyte implantation to the right knee on 05/01/13. The clinical documentation submitted for review stated the patient complained of pain to his right knee, bilateral hips and low back as well as his left knee. The patient was recommended urgent surgery for debridement of the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home care nurse 2-3 hours a day for 3 weeks to help with the activities of daily living (ADLs) and home care:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment guidelines recommended home health services only for otherwise recommended medical treatment for patients who are

homebound, 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. As the clinical documentation submitted for review dated 10/17/2013 states, the patient is in need of home health services to do light chores and run errands. This is not recommended and as such the request is non-certified.