

<b>Case Number:</b>	CM13-0033683		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	04/20/2010
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 Internal Medicine and Pulmonary Diseases 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 patient is a 52-year-old female who reported an injury on 04/20/2010. The patient had a right knee arthroscopy with extensive arthroscopic synovectomy, resection of the synovial plica, extensive tricompartmental synovectomy/debridement, chondroplasty, removal of loose chondral debris/bodies, and a medial and lateral meniscectomy on 09/07/2012. The mechanism of injury was not provided. The documentation dated 09/04/2013 revealed that the patient's physical examination was unchanged and there was tenderness from the mid to distal lumbar segments and pain with terminal motion. The seated nerve root test was positive. There was dysesthesias in the L5 and S1 dermatomes. The patient's examination of the right knee indicated that there was tenderness at the right knee joint line with the positive patellar compression test. There was pain at terminal flexion with crepitus and the patient walked with a limp favoring the right side. The diagnoses were noted to include lumbar discopathy, status post right knee arthroscopy, and rule out internal derangement right hip. The request was made for a home exercise program. Further documentation indicated the patient had a right knee total arthroplasty on 09/18/2013. The submitted request was for a nurse's aide four (4) hours a day for five (5) days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NURSE AIDE FOUR (4) HOURS A DAY FOR FIVE (5) DAYS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);KNEE & LEG, HOME HEALTH SERVICES

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, HOME HEALTH SERVICES, 51

**Decision rationale:** The Chronic Pain Guidelines indicate that home health services are recommended only for patients who are homebound and who are in need of part time or "intermittent" medical treatment of up to thirty-five (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. The clinical documentation submitted for review failed to provide documentation requesting the service. Given the above, the request for a nurse aide four (4) hours a day for five (5) days is not medically necessary. &ç