

<b>Case Number:</b>	CM13-0036727		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 37-year-old female with date of injury of 4/4/11. The injury occurred at work when she slipped, sustaining a twisting injury to her left knee. The request for home health aide four hours a day for five days per week for four weeks was denied by utilization review on 10/2/13. It is reported that the patient underwent left knee arthroscopic patelloplasty with a lateral release on 7/16/13. The utilization review denial indicates the patient is still having difficulties with ADLs and is in need of light cleaning, light cooking, and light laundry services for approximately 2 weeks while she is still recovering. The rationale for the denial states that MTUS does not support 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. I have reviewed [REDACTED] 10/1/13 appeal report concerning home care aide. [REDACTED] indicates the patient is still having difficulty with her ADLs and is in need of assistance for light cleaning like cooking and light laundry services. There is no indication in this appeal that medical care services need to be provided at home. [REDACTED] also indicates in his 10/1/13 PR-2 report that the patient feels she suffered a setback due to physical therapy. Objective findings of the left knee were documented as degenerative changes of the left knee and left tibia, with locking stiffness and limping ambulation in her left knee. [REDACTED] requested assistance for the patient with cleaning, cooking, transportation and help carrying her grocery bags. [REDACTED] 7/25/13 postoperative PR 2 report states that the patient is having a lot of pain 5/10 on the VAS the treatment plan was physical therapy 3X 4, Hydrocodone, cyclobenzaprine and Diclofenac. There was no request for home health aide care at that time. On 4/1/13 [REDACTED] indicated in his orthopedic permanent and stationary report that the patient had persiste

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health aide for four (4) hours a day for five (5) days for four (4) weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The patient presents with chronic left knee pain. The patient is s/p left knee repeat surgery from 7/16/13 for patelloplasty and lateral release. The request is for home healthcare aide four hours per day, five days per week for four weeks. [REDACTED] reports from 4/1/13, 7/25/13 and 10/1/13 do not indicate that the patient is homebound requiring medical treatments. Prior to the knee surgery, the patient's condition was deemed permanent and stationary with functional capacity showing only mild disability. While it can be helpful to have homemaking services provided following any type of surgery, MTUS guidelines allow for home health aide services only for homebound patients that require medical services. This also does not include homemaker services as was requested in [REDACTED] 8/26/13 report. Therefore, recommendation is for denial.