

Case Number:	CM13-0039930		
Date Assigned:	12/20/2013	Date of Injury:	05/26/2000
Decision Date:	02/24/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/28/2013

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 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 77-year-old female who reported an injury on 05/26/2000. The mechanism of injury was not provided in the medical records. Initial treatment was not discussed or provided within the medical records submitted for review. Injuries appeared to have been to her right knee and lower back. She received physical therapy in approximately 2002 and was recommended for bilateral total knee replacements on 04/09/2004; it is unclear if these were ever performed. During her course of treatment, the patient began to receive psychotherapy treatment as well as acupuncture. The patient received an MRI on 02/23/2003 of the left knee that revealed degenerative changes and osteochondral defects. An MRI of the lumbar spine was performed on 03/02/2001 and revealed degenerative desiccation of the lumbar discs and mild facet disease at L4-5 and L5-S1. It appears the patient had complaints of neck pain as well and received treatment for chronic headaches. Over the recent years, the patient has been managing her pain through medications and viscosupplementation injections to her knees. There was no other clinical information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aid 3 hours/day x 6 days/week with no duration provided: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS) 2009 and the Milliman Care Guidelines.

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend home health services for patients who are home bound and for generally no more than 35 hours per week. Home health services do not include homemaker services like shopping, cleaning, and laundry, and personal care given by aides like bathing, dressing, and assistance using the bathroom when this is the only care needed. The clinical note dated 06/27/2013 clearly stated that the patient will need home health assistance for duties such as helping with activities of daily living, cooking, and housekeeping. It was noted during this visit that the patient's husband had recently passed away, and he was her primary care giver. These indications clearly do not meet guideline requirements and therefore, the request for home health aid 3 hours/day x 6 days/week with no duration provided is non-certified.