

<b>Case Number:</b>	CM13-0040892		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/13/2010
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 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 60 year old female, date of injury 04-13-10. Operative report 08-15-13 by [REDACTED] documented diagnoses left knee lateral meniscus tear, left knee degenerative joint disease, left medial meniscus tear, left knee hypertrophic synovitis. Procedures performed were left knee arthroscopic partial medial and lateral meniscectomy, left patellofemoral and lateral femorotibial chondroplasty, left anteromedial and lateral compartment synovectomy. PR-2 progress report 08-22-13 by [REDACTED] documented subjective complaints including left knee pain. "Patient lives by herself and states that she needs home help." Objective findings included incisions clean and dry with sutures intact, trace to small effusion, restricted ROM. Treatment plan included physical therapy, percocet. "Request post-op Home Health care as patient lives by self and will need assistance for minimum 1 month from time of surgery." PR-2 progress report 09-19-13 by [REDACTED]: "Patient needs home health care requested as she has been paying out of pocket for home care, from 08/15/2013 to present, as she lives on her own and needs someone to help her at home with ADL." Completed 4/12 sessions of physical therapy. Objective findings included knee active range of motion: right extension 180 degrees, left extension 180 degrees; right flexion 115 degrees, left flexion 120 degrees. No gross effusion, ligamentous laxity on manual stress testing. Treatment plan: continue PT as prescribed. Utilization review dated 10-11-13 by [REDACTED] recommended Non-Certification of the request for Home health care DOS: 08/15/13 - 09/19/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Care:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Page(s): 51. Decision based on Non-MTUS Citation [longtermcare.gov/the-basics/what-is-long-term-care](http://longtermcare.gov/the-basics/what-is-long-term-care).

**Decision rationale:** Medical treatment utilization schedule (MTUS) page 51 states that Home health services are recommended only for medical treatment. 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. PR-2 report 08-22-13 by [REDACTED] wrote: "Patient lives by herself and states that she needs home help." "Request post-op Home Health care as patient lives by self and will need assistance for minimum 1 month from time of surgery." PR-2 report 09-19-13 by [REDACTED] "Patient needs home health care requested as she has been paying out of pocket for home care, from 08/15/2013 to present, as she lives on her own and needs someone to help her at home with ADL." Completed 4 sessions of physical therapy. Objective findings included knee active range of motion: right extension 180 degrees, left extension 180 degrees; right flexion 115 degrees, left flexion 120 degrees. No gross effusion, ligamentous laxity on manual stress testing. The PR-2 reports requested "home help" / "assistance" / "home care" / "someone to help her at home with ADL" for the patient. No Medical Treatment is mentioned in the requests. MTUS guidelines recommends Home health services only for Medical Treatment. 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. Therefore, the MTUS guidelines and medical records do not support the medical necessity of home health services. Therefore, the request for Home health care is not medically necessary.