

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0045334 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 04/02/2010 |
| Decision Date: | 03/20/2014 | UR Denial Date: | 10/14/2013 |
| Priority: | Standard | Application Received: | 11/12/2013 |

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 58-year-old male who reported an injury on 04/02/2010. The mechanism of injury was not provided. The patient underwent a right knee total arthroplasty on 10/23/2013. The patient was noted to live alone. Per the supporting documentation for the requested home health, it was indicated the patient had nobody else to care for him at home. The patient's diagnoses were noted to be right knee degenerative joint disease. The request was made for postoperative home health 5 times a week x 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative home health five times a week for two weeks.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS states 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 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,

dressings, and using the bathroom when this is the only care needed. The clinical documentation submitted for review failed to indicate the patient had necessity for services other than homemaker. There was lack of documentation indicating the patient had necessity for medical treatments at home. Given the above, the request for postoperative home health 5 times a week x 2 weeks is not medically necessary.