

<b>Case Number:</b>	CM13-0047159		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/27/2012
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Physical Medicine & 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 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 61 year old with an injury date on 12/27/12. Based on the 12/3/13 progress report provided by [REDACTED] the diagnoses are 4.5 weeks s/p right knee scope, and lat. meniscectomy, chondoplasty/synovectomy. An exam on 12/3/13 showed "right knee mild effusion, 0-100 range of motion, 4/5 motor strength." [REDACTED] is requesting post-op home assistance 3x a week for 2 weeks. The utilization review determination being challenged is dated 10/23/13. [REDACTED] is the requesting provider, and he provided treatment reports from 2/5/13 to 12/3/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **POST-OP HOME ASSISTANCE 3 TIMES A WEEK FOR 2 WEEKS: 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) Treatment Index, 9th Edition, (web) 2011, and the Milliman Clinical Guidelines Criteria.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** This patient presents with right knee pain and is s/p right knee surgery from 10/31/13 for arthroscopic partial lateral meniscectomy and synovectomy. The treater has asked

post-op home assistance 3x a week for 2 weeks on 10/10/13 No mention is made in the medical records provided for review of the patient's post-surgical capacity to perform activities of daily living. The ODG allow home care services when the patient is homebound for part-time or intermittent basis, but not for basic homemaker activities (shopping, cleaning, bathing, and using the bathroom) if that is the only care needed. In this case, the patient is progressing in physical therapy and has regained near-full range of motion strength in the right knee. The scheduled surgery is for an arthroscopic surgery which will not be limiting the patient to be bed or home. There are no recommendations regarding home care following this type of surgery in any of the guidelines. The request is not medically necessary and appropriate.