

Case Number:	CM13-0050604		
Date Assigned:	12/27/2013	Date of Injury:	06/26/2008
Decision Date:	04/30/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/13/2013

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 and Rehabilitation, has a subspecialty in Pain 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 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 69 year old female who was injured on 04/18/2008. She slipped and fell to the floor landing on her elbows and knees. She experienced immediate onset of pain in her neck, low back and both knees, greater on the right. Prior treatment history has included lumbar epidural injections, 11 sessions of aquatic therapy, Zantac, Nexium, and Norco. The patient underwent bilateral knee surgeries in 2007, lumbar discectomy at L5-S1 in the left side in 1990s; bilateral arthroscopic knee surgery in 10/2007; redo posterior lumbar decompressive surgery at L3, Redo bilateral L4 hemi-laminotomy, and Redo bilateral L5 hemi-laminectomy, medial facetectomy, and foraminotomy, central ligamenectomy, central decompression and lateral recess decompression on 08/15/2013. Diagnostic studies reviewed include x-rays of the lumbar spine performed on 05/16/2013 revealed evidence of laminectomy with overall good alignment with disc space narrowing at L5-S1. PR2 dated 11/25/2013 indicated the patient has pain that affects her left ankle. Objective findings on examination of the left ankle revealed limited range of motion with plantar flexion at 30 degrees, dorsiflexion at 10 degrees, inversion at 20 degrees, and eversion at 10 degrees. There is tenderness to palpation noted over the left foot. The patient tripped and fell at home because she has no sensation in her left foot. The patient is diagnosed with 1) Right knee meniscal tear, status post arthroscopy; 2) Posttraumatic right knee medial compartment osteoarthritis; 3) Lumbosacral spinal stenosis, status post laminectomy; and 4) Left fifth metatarsal fracture. PR2 dated 10/30/2013 indicated the patient comes in for a follow-up regarding the pain that affects her cervical spine, lumbar spine, and bilateral knees. Objective findings on exam of the cervical spine revealed limited range of motion. There is tenderness to palpation noted over the trapezius and paravertebral muscles bilaterally. The trapezius muscles revealed hypertonicity bilaterally. Kemp test is positive bilaterally. Straight leg raise test is positive on the left at 60 degrees with pain radiating down to the left posterior thigh. Deep

tendon reflexes are 2+ in the patellar and Achilles tendon bilaterally. The patient is diagnosed with right knee meniscal tear, status post arthroscopy; 2) Posttraumatic right knee medial compartment osteoarthritis; and 3) Lumbosacral spinal stenosis, status post laminectomy. The patient does continue with severe back pain with radicular pain down the left lower extremity and weakness in the left foot. She is still using a walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE FOR LUMBAR SPINE, 4 DAYS WEEKLY OVER 4-6 WEEKS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: According to the CA MTUS guidelines, Home health services is recommended only for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 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, dressing, and using the bathroom when this is the only care needed. The medical records document the patient had diagnosed with right knee meniscal tear post arthroscopy, posttraumatic right knee medial compartment osteoarthritis, lumbar spinal stenosis post laminectomy and left 5th metatarsal fracture, the patient had received 11 sessions of aquatic physical therapy the last one dated 11/6/2013 with some improvement, the patient was ambulatory and self-sufficient at home. In the absence of documentation of any homebound situation for the patient, the medical necessity has not been established. Further the request is requiring decision for 4 days of home care weekly for 4-6 weeks which is more than the maximum of 35 hours per week as mentioned in the guidelines. Therefore, the request is not medically necessary according to the guidelines. Recommendation is to non-certify the request.