

Case Number:	CM13-0052658		
Date Assigned:	12/30/2013	Date of Injury:	08/14/1997
Decision Date:	05/09/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/15/2013

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 Occupational 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 applicant is represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 14, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; reported diagnosis with knee arthritis; opioid agents; a walker; a knee brace; and extensive periods of time off of work. In a utilization review report of October 31, 2013, the claims administrator denied a request for a home-health aid, reportedly sought for the purposes of obtaining assistance with meals, assistance with ambulation, assistance with picking up medications, and assistance for driving. Multiple notes interspersed throughout 2013, including April 23, 2013, are notable for comments that the applicant is off of work, on total temporary disability. An x-ray of October 2, 2013 is notable for tricompartmental knee arthritis. In a letter dated October 23, 2013, the attending provider complains that the applicant's home health services have been interrupted. It is stated that the applicant is in need of the proposed home-health aid and that she is unable to work. The attending provider goes on to encourage the applicant to obtain attorney representation to obtain the contested home health services.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH ACTIVITIES OF DAILY LIVING CARE FUR DAYS A WEEK (TUESDAY-FRIDAY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, the services being sought by the attending provider, including cooking, cleaning, assistance with driving, assistance with ambulating, assistance with other performance activities of daily living, etc., are specifically not covered, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, on independent medical review.