

Case Number:	CM13-0052696		
Date Assigned:	12/30/2013	Date of Injury:	08/14/1997
Decision Date:	05/12/2014	UR Denial Date:	10/10/2013
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 a represented [REDACTED] employee who has filed a claim for chronic knee pain and knee arthritis reportedly associated with an industrial injury of August 14, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; a knee brace; attorney representation; Synvisc injections; and extensive periods of time off of work. In a Utilization Review Report of October 10, 2013, the claims administrator denied a request for home health service. The applicant's attorney subsequently appealed. A September 4, 2013 progress note is notable for comments that the applicant is off of work. It is stated that the applicant is unable to function without assistance to facilitate performance of activities of daily living, including obtaining and preparing food for her dietary needs, assistance with the bathroom, picking her medications, and driving.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE FOR ACTIVITIES OF DAILY LIVING PROVIDED 4 DAYS PER WEEK FROM 06/26/2013 - 08/16/2013: 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: As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are not recommended to facilitate performance of activities of daily living when this is the only care needed. The services being sought by the attending provider, such as housekeeping, cooking, transportation, driving, and other activities of daily living are specifically not covered when they are sought as stand-alone services, as is the case here. Accordingly, the request remains not certified, on Independent Medical Review.