

<b>Case Number:</b>	CM13-0054579		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/20/2012
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 77 year old female who had a work injury on 2/20/12. Her diagnoses include status post total knee replacement 9/19/13, right knee degenerative joint disease. She has a history of a left root surgery for bone spur, diabetes mellitus previously on Metformin currently diet controlled, obesity with weight loss, and hypertension peripheral edema. There is a 10/22/13 PR-2 document which states that the patient is status post total knee replacement but developed a pressure sore in the buttock area which she is treating. She was receiving home physical therapy but is ready to transition to outpatient. The physician stated that a nurse is continued to be needed to observe and evaluate the pressure sore. The physical examination of the right knee revealed a healed incision. The range of motion is 0-70 degrees. The neurovascular status is intact. Additional documentation indicates that patient was in a skilled nursing facility for 2 weeks postoperatively and then received home physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME AID 3XWK X 2WKS AT 4 HOURS A DAY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES KNEE & LEG CHAPTER, HOME HEALTH SERVICES

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 55.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend home health services for patients that are homebound. The documentation indicates the patient is able to participate in outpatient physical therapy and therefore is not homebound. The documentation does not reveal an evaluation of the pressure sore that needs attention. The request for a home aid three times a week for two weeks at 4 hours per day is not medically necessary and appropriate.