

<b>Case Number:</b>	CM13-0058096		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	07/10/2011
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Family Medicine and is licensed to practice New Jersey. 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 claimant is a 54 year old male who injured his left knee, shoulders, and left knee after a fall on 7/10/11 which also involved a chemical inhalation that led him to the hospital shortly after the injury. He subsequently was seen by an orthopedic physician on 8/2/11 who later diagnosed the worker, with the help of MRI, and with contusion and tear of the medial meniscus of the left knee. The patient continued to experience shortness of breath, throat and chest pain following the hospitalization after his chemical exposure and after getting a pulmonary function tests he was diagnosed with post chemical pneumonitis. He experienced headaches following the accident and was diagnosed with occipital neuralgia by a neurologist on 10/18/11. On 12/13/11 the patient reported right shoulder pain along with his existing left knee pain to his orthopedic physician and was diagnosed with impingement/tendonitis and partial tear of rotator cuff of the right shoulder and the left shoulder, and chronic low back pain, which he has had since before the accident. On 2/01/12 he had left knee arthroscopy and partial medial meniscectomy. During the long course of care, the patient was prescribed physical therapy, oral medications for pain, Advair and Albuterol for his lungs, topical analgesics, and steroid injection. He later on 10/17/13 had left knee surgery again after his pain worsened, but soon afterwards fell while taking a shower on 10/26/13 after his left knee locked. Due to this fall, he injured his left wrist and elbow, lower back, left abdomen, left chest, and his left shoulder. He was able to walk using a brace on his left knee but was recommended physical therapy, a cane, and home care by his treating physician on 10/30/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH AIDE 3 HRS/DAY X 3 WEEKS:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that home health services to be recommended only for medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. The MTUS guidelines also clarifies that 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. In this case, the physician ordered home care concerned about his instability and pain, according to the progress note from 10/30/13, for which they also prescribed physical therapy and a cane to be used with his knee brace to help increase stability and strength. No indications from the notes provided suggested that the patient needed true and specific medical care in the home, besides addressing his walking ability, after the injury on 10/26/13. Also, the patient was not homebound. Therefore the request for a home health aide 3 hours per day for three weeks is not medically necessary and appropriate.