

<b>Case Number:</b>	CM13-0058258		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/25/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	11/06/2013
<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 ABFP 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 61 yr. old male that sustained a work injury on 5/25/12 involving the knees, ankles and upper extremities. He had a torn meniscus on the right knee and underwent a meniscectomy in October 2013. He has used oral analgesics for pain control. He has used a H-wave unit for improving function. A progress note on 10/30/13 indicated the claimant had difficulties with activities of daily living and therapy was recommended along with home care assistant 2 hours a day, 3 days a week for 6 weeks to assist in dressing in dressing, bathing and showering.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME CARE ASSISTANCE 5 HRS. PER DAY/5DAYS PER WEEK FOR 4 WEEKS:**  
Upheld

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

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

**Decision rationale:** According to the MTUS guidelines: Home health services is recommended only for otherwise recommended medical treatment 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. (CMS, 2004). In this case, the physician's initial request does not match the amount of home health in question above. Furthermore, the request to assist in bathing, and dressing does not meet the criteria of the guidelines. The home health service requested above is not medically necessary.

**HOME CARE THEN REDUCED TO 4 HOURS PER DAY, 3 DAYS PER WEEK FOR 4 WEEKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services and pg 51 Page(s): 51.

**Decision rationale:** According to the MTUS guidelines: Home health services is recommended only for otherwise recommended medical treatment 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. (CMS, 2004). The request to assist in bathing, and dressing does not meet the criteria of the guidelines. The home health service requested above is not medically necessary.

**FURTHER ASSESSMENT FOR HOME CARE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines home care services and pg 51 Page(s): 51.

**Decision rationale:** According to the MTUS guidelines: Home health services is recommended only for otherwise recommended medical treatment 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. (CMS, 2004). Since the prior requests for home services are not medically necessary, further assessment is not medically necessary.