

Case Number:	CM13-0063866		
Date Assigned:	05/07/2014	Date of Injury:	05/25/2012
Decision Date:	06/12/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/10/2013

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 patient is an employee of [REDACTED] and has submitted a claim for s/p right knee arthroscopy associated with an industrial injury date of May 25, 2012. Treatment to date has included oral analgesics and home exercise program. Medical records from 2013 were reviewed and showed pain and swelling in the left ankle aggravated by standing and walking. Physical examination of the right knee showed tenderness and pain of the medial joint line, patellofemoral greater than the lateral joint line; 4/5 weakness; and slight limping of the right lower extremity. Examination of the left ankle showed minimal swelling and tenderness. The patient underwent right knee surgery on October 2, 2013. A post-operative x-ray was obtained and showed moderate degenerative joint disease in the medial compartment. The patient was diagnosed with post contusion of the bilateral knees with left patellar fracture and bilateral knee and ankle sprain. Continued home care assistance 2 hours per day 3 days per week for 6 weeks for dressing, bathing, showering and transportation was requested. Medications include Norco taken as far back as September 2013. Utilization review dated November 20, 2013 denied the request for home care assistance, 2 hours per day, 3 days per week for 6 weeks because there was no evidence as to why the patient is homebound; no mention of the need for assistance at home that would not be able to be provided otherwise; no documentation of how he ambulates; and no mention of the use of cane, crutch, or wheelchair. The request for Norco 10/325 MG #120 was also denied because the duration of use was not mentioned, and it was unclear as to why an over the counter medication cannot be used.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CARE ASSISTANCE 2 HOURS PER DAY/3DAYS PER WEEK FOR 6 WEEKS.:
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 (update 6/7/13), Home health services.

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

Decision rationale: Page 51 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that home health services are 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. In this case, home care assistance was requested to aid the patient in dressing, bathing, showering and transportation. The guideline clearly states that medical treatment does not include homemaker services such as those requested. Moreover, there was no discussion of the patient's current work status or being homebound. There is no clear indication in the medical records provided that the patient has a need of professional nursing services for the purposes of home health. The medical necessity has not been established. Therefore, the request for Home Care Assistance 2 Hours per day/3 days per week for 6 weeks is not medically necessary.

NORCO 10/325 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines enumerated the 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient was noted to take Norco as far back as September 2013; however, the duration and frequency of intake was not mentioned. The medical records do not clearly reflect continued analgesia and functional benefit, or a lack of adverse side effects with its use. The guideline requires clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325 mg #120 is not medically necessary.

