

Case Number:	CM13-0069405		
Date Assigned:	01/03/2014	Date of Injury:	04/12/2010
Decision Date:	06/16/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/21/2013

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 knee pain with an industrial injury date of April 12, 2010. Treatment to date has included medications, psychiatric treatment, physical therapy, aquatic therapy, chiropractic treatment, home exercise program, electrical stimulation, bilateral knee injections, left knee arthroscopy, right knee arthroscopy, total right knee replacement, and home health care, which included assistance with grocery shopping (since December 2012). Medical records from 2013 were reviewed, which showed that the patient was recovering from her total knee replacement and had intermittent ankle swelling and had numbness in her fingers. She required the use of a walker and claimed she needed help at home. She also complained of depression. On physical examination, the patient was found to be moderately obese. Extremities were without cyanosis, clubbing, or edema. The request for home help was made for assistance of the patient as she recovered from her total right knee replacement. Utilization review from November 26, 2013 denied the request for home health care every other day for 3 hours x 1 month because there was no evidence that the patient is homebound or would require medical care rendered in a home setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTHCARE EVERY OTHER DAY FOR THREE (3) HOURS FOR ONE (1) MONTH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES.

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

Decision rationale: According to page 51 of the Chronic Pain Medical Treatment Guidelines, 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. In this case, the patient has been receiving home help since February 2012. The medical records showed that the initial request was made for help with grocery shopping, which according to the guidelines is not considered as medical treatment. Furthermore, the records did not indicate whether the patient was homebound or required medical care in the home setting. Therefore, the request for Home Healthcare Every Other Day For Three (3) hours for one (1) month is not medically necessary.