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| Case Number: | CM13-0070240 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 10/22/2002 |
| Decision Date: | 05/22/2014 | UR Denial Date: | 12/18/2013 |
| Priority: | Standard | Application Received: | 12/24/2013 |

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 70 year old female who reported an injury on 10/22/2002 of unknown mechanism. On the clinical note dated 05/15/2013 it was stated that the injured worker complained of severe anterior pain which she described as sharp or burning pain. She is post operative right total knee arthroplasty since 03/19/2011. It is noted that she walks around her home with the use of a cane but cannot use stairs. She resides with her husband and her home has no stairs. Upon the physical examination, the right knee alignment was non-weight bearing and appeared with 5 degree valgus. The treatment discussed during this time was to first see a neurologist and consider a trial of Lyrica versus Neurontin and second, recommended Marcaine be placed in the joint to see if it would alleviate the pain. The request is for home health aide eight hours per day for five days per week for twelve weeks and RN evaluation and care.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE 8 HOURS PER DAY 5 DAYS PER WEEK FOR 12 WEEKS AND RN EVAL AND CARE: 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 California MTUS guideline states that 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 thirty-five hours per week. The current request is for 40 hours a week. The request is excessive and there is no current documentation of physical impairment or function of daily activities to help support this request. Therefore, the request for home health aide eight hours per day for five days for twelve weeks and RN evaluation is not medically necessary.