

Case Number:	CM13-0070770		
Date Assigned:	01/08/2014	Date of Injury:	10/19/2011
Decision Date:	08/19/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/26/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of October 19, 2011. A utilization review determination dated November 26, 2013 recommends noncertification of home care 3 hours per day 4 times per week for 6 weeks. An operative report dated January 9, 2014 indicates that a posterior cruciate ligament reconstruction was performed with an autograft. A note dated January 2, 2014 requests authorization for a posterior cruciate ligament reconstruction, transportation to and from the surgery center, and home healthcare post operatively 6 hours a day for one week and then 4 hours per day for 2 weeks to assist with wound care, oral medication dispensing, and activities of daily living. The note indicates that the patient's mobility will be severely limited due to knee immobilizing, use of crutches, and postop pain and pain medication usage. A note dated December 13, 2013 indicates that the patient has to rely on her children for household chores. A letter dated November 22, 2013 requests home care activities for mopping, vacuuming, dusting, making a bed, cleaning a bathroom, sweeping, cooking, doing dishes, doing laundry, grocery shopping, dressing, and other personal hygiene needs. The note indicates the failure to provide the requested homecare assistance and transportation will likely result in worsening of the patient's condition. The note indicates that the patient has been receiving home care assistance from her sister, her best friend, and her brother.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CARE THREE (3) HOURS A DAY, FOUR (4) TIMES A WEEK FOR SIX (6) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Home health services Page(s): 51.

Decision rationale: Regarding the request for home health care, the MTUS Chronic Pain Guidelines states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home care. Furthermore, it appears the patient has family members who can assist with general housekeeping and activities of daily living. Finally, although the requesting physician indicated that the patient's knee would be in an immobilizer after surgery, non-weightbearing status does not preclude the use of crutches for ambulation around a home environment. As such, the current request is not medically necessary.