

<b>Case Number:</b>	CM14-0000016		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	12/18/2003
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Medicine and is licensed to practice in Texas and Oklahoma. 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 52-year-old male who reported an injury on 12/18/2003. The mechanism of injury was not provided. On 12/09/2013, the injured worker presented with complaints of left knee pain. Prior treatment included medication, physical therapy, and surgery. Upon exam, the knee is stable with no limp. The diagnoses were post left knee total knee replacement on 12/09/2011, status post poly exchange left total knee arthroplasty done on 12/21/2012, and status post revision left total knee arthroplasty on 09/06/2013, and failed implant left total knee arthroplasty. The provider recommended home health care. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH CARE 6 HOURS A DAY FROM 9/18/13-11/18/13 PROVIDED BY SPOUSE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Guidelines recommend home health services for medical treatment for injured workers 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 restroom when this care is the only care needed. The included medical documentation does not address that the injured worker is homebound for a part time or intermittent basis. The Guidelines do not recommend home health services for homemaker services if there are no medical treatment needs; the home health service would not be warranted. As such, the request for Home Health Care, 6 hours a day from 9/18/13-11/18/13 provided by spouse, is not medically necessary.