

Case Number:	CM14-0000634		
Date Assigned:	06/13/2014	Date of Injury:	11/12/2002
Decision Date:	07/24/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/02/2014

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 Family Practice 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:

Claimant is a 44 yr. old female who sustained a work injury on 11/12/02 involving the left knee and back. She has a diagnosis of lumbar radiculopathy, osteoarthritis, chronic pain, fibromyalgia, sciatica, obesity, depression, sleep apnea and peripheral neuropathy. She had undergone a left knee replacement. She developed post-laminectomy syndrome and myofascial pain. The claimant underwent knee arthroplasty and received home health following the surgery to assist in care. A progress note on 12/5/13 indicated the claimant had difficulty with activities of daily living including hygiene, bathing and dressing. The treating physician ordered an additional 6 weeks of home health for 20 hours per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care 4 hours a day, 5 times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: 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 (CMS, 2004). In this case, the claimant's needs were for bathing and dressing. Based on the guidelines, the request is not supported and therefore not medically necessary.