

Case Number:	CM14-0005142		
Date Assigned:	02/05/2014	Date of Injury:	10/19/2011
Decision Date:	06/20/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/14/2014

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 Orthopedic Surgery 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 41-year-old female accounts receivable clerk sustained an industrial injury 10/19/11 when she was walking down the stairs, lost her balance and stumbled, falling forward onto both her knees hitting the steps and twisting her right ankle. The 11/9/12 right knee MR arthrogram revealed a chronic very high-grade near full thickness tear of the mid to distal posterior cruciate ligament tear and medial meniscus tear. Records indicated that the patient lived alone with her small children, ages 6 and 10, and was dependent on public transportation. The 2/3/13 treating physician progress report cited bilateral knee pain with popping, clicking, and giving way. Pain and difficulty was reported with stair climbing, crouching, squatting and kneeling. On-going depression was reported. The patient used a single point cane to ambulate, favoring the right leg. Physical exam findings documented medial joint line, lateral joint line, and peripatellar tenderness, positive crepitus, positive McMurray's, and range of motion 0-110 degrees. The treatment plan requested home care assistance 4 hours per day, 3 days per week for 6 weeks. Subsequent progress reports dated 3/22/13, 6/14/13, and 7/24/13 requested the same level of home care assistance for cooking and cleaning services. The 11/20/13 progress report cited subjective complaints of right knee pain with swelling, grinding, giving way, and weight bearing intolerance. The patient was using a knee support and cane. Right knee physical exam findings noted diffuse swelling, medial joint line tenderness greater than lateral joint line tenderness, 2+ laxity with positive drawer sign, limited range of motion, and weakness. Left knee pain was reported with increased dependence. The treatment plan requested home care assistance 4 hours a day, 3 days a week, for 6 weeks for household cleaning, cooking, laundry, assisting with care for children, assistance with activities of daily living. Surgery was reportedly pending and would require an increased level of home care assistance. The 12/30/13 utilization review denied the

request for home care assistance as this did not meet the MTUS guidelines criteria that state medical care does not include homemaker or personal care services.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CARE ASSISTANCE AT 4HRS/DAY, 3 TIMES A DAY TIMES 6 WEEKS:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Knee & Leg-Home Health Services.

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

Decision rationale: Under consideration is a request for home care assistance at 4 hours/day, 3 times a day, for 6 weeks. The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. 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. Medicare provides specific patient selection criteria for in home services, including the individual is confined to the home and the service must be prescribed and periodically reviewed by the attending physician. Additionally, the individual must be in need of skilled nursing care on an intermittent basis, or physical therapy or speech-language pathology; or have a continuing need for occupational therapy. Guideline criteria have not been met. There is no evidence that the patient is homebound. There is no evidence of the physician's recommendations evidencing the need for intermittent skilled nursing care or physical therapy in the home environment. Therefore, this request for home care assistance 4 hours/day, 3 times a day, for 6 weeks is not medically necessary.