

Case Number:	CM14-0006366		
Date Assigned:	02/07/2014	Date of Injury:	09/23/2010
Decision Date:	06/20/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/16/2014

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:

The injured worker is a 62-year-old female who reported an injury on 09/23/2010. The mechanism of injury was not provided. The supplemental report dated 02/17/2014 noted the injured worker's diagnoses included status post left knee arthroscopy on 05/16/2011, with residual patellofemoral arthralgia and tricompartmental osteoarthritis per x-rays dated 06/28/2011, right knee patellofemoral arthralgia with tricompartmental osteoarthritis and tear of the posterior horn of the medial meniscus per MRI scan dated 09/21/2012 and x-rays dated 06/28/2011, post left elbow and forearm contusion, medial and lateral epicondylitis with partial tear in the common extensor tendon per MRI scan dated 05/13/2013, lumbar spine musculoligamentous sprain and strain secondary to altered gait and venous insufficiency of the bilateral lower extremities, left side greater than right, per Doppler ultrasound. The referenced clinical note dated 01/20/2014 reported the injured worker noted improvement with movement of the left knee and she was able to bear weight for longer periods. It was also reported she continued to use a single-point cane for support and she reportedly noted continued right knee pain with grinding. She also reportedly noted continued elbow pain and the left lateral epicondyle injection administered, performed at her previous office visit provided only temporary relief. The physical examination of the injured worker's bilateral knees revealed well healed portal scars over the left knee. There was tenderness present over the peripatellar region, left knee greater than the right, and medial and lateral compartment, bilaterally. It was also noted there was crepitus bilaterally and the range of motion in the right knee was limited in all planes. The physical examination of the left elbow revealed tenderness to palpation over the extensor muscle tendon at the lateral epicondyle. It was noted Cozen's test was positive. The range of motion in the left elbow was limited in all planes. The request for authorization was not

IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME CARE ASSISTANCE 3 TIMES PER WEEK, 3 HOURS PER DAY
INDEFINITELY:** 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 injured worker has a history of bilateral knee pain and left elbow pain treated with surgery, injections, and medications. The California MTUS Guidelines state home health services are 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. The clinical information provided for review clearly states the injured worker is in need of homemaker services to include shopping, cleaning and laundry, and personal care such as dressing, bathing, and using the bathroom; however, there is a lack of documentation stating the injured worker needs skilled medical treatment that would be offered by home health services. Therefore, the request for home care assistance 3 times per week, 3 hours a day indefinitely is not medically necessary.