

<b>Case Number:</b>	CM14-0007405		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	05/21/2011
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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:

This is a 58-year-old female patient with a 5/21/11 date of injury. She had several injuries. On 4/2011, she fell down off a chair and injured her knee. She got into an argument regarding soda with colleagues and had heart palpitations. A recent available progress report dated on 9/19/13, indicated that the patient's left knee pain got worse, with throbbing and aching sensation, 8-9/10. Bending and lifting exacerbated her pain. She managed her pain with Norco, with positive results. Physical exam revealed painful range of motion and positive McMurray's sign on the left knee. There was bilateral tenderness in the L5-S1 joints and decreased range of motion in all planes. She was diagnosed with right lumbar radiculopathy, multilevel disc herniation with multilevel neural foraminal narrowing. Treatment to date: medication management. There is documentation of a previous 12/30/13 adverse determination, because the patient was not a candidate for surgery, and home health service was not necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH CARE STATUS POST LEFT KNEE SURGERY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) states that 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. However, there is no evidence that the patient is homebound or would require medical care rendered in a home setting. 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. There is no clear documentation of the number of hours and days per week the home health care is being requested for. Therefore, the request for home health care status post left knee surgery was not medically necessary.