

Case Number:	CM14-0009850		
Date Assigned:	02/21/2014	Date of Injury:	03/31/2012
Decision Date:	06/25/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/27/2014

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 Geriatrics and is licensed to practice in New York. 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 38 year old woman with a date of injury of 3/31/12. She had ongoing right knee pain and was seen by her physician on 11/19/13. Her BMI was 37.10 Index. Her physical exam showed mild valgus of her right knee with pain with latearl pressure on the patella. Her range of motion was 0 - 130 degrees. All ligaments were stable. Her diagnoses were chondromalacia patellae of right knee and lateral collateral ligament sprain of knee. The plan was for srugery to anteromedialize her tibial tubercle and she was awaiting approval. At issue in this review is post-operative home health services requested in 1/14. She underwent the surgery in 2/14 and was discharged weight bearing as tolerated with a knee immobilizer and crutches.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AID FOR POST-OP ASSISTANCE DAILY TIMES TWO (2) MONTHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26, Page(s): 51.

Decision rationale: This injured worker has chronic knee pain and underwent surgery of her right knee. The records do not document any difficulty with transfers, bathing and dressing and the request is for home health assistance services daily for two months. Per the MTUS, 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 records do not substantiate that she is homebound or that she has any difficulty with her activities of daily living to justify home health aide services. The records do not support the medical necessity for home health assistance services. Therefore, the request is not medically necessary.