

Case Number:	CM14-0101912		
Date Assigned:	09/16/2014	Date of Injury:	01/22/2007
Decision Date:	12/24/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/02/2014

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 Medicine and is licensed to practice in New Jersey. 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 worker is a 79 year old female who was injured on 1/22/2007 involving her lower back and both knees. She was diagnosed with osteoarthritis of knees, lumbar spondylosis, and spinal stenosis. She was treated with right knee replacement (12/2007), left knee replacement (1/2014), pain medication, and physical therapy. Following her left knee replacement surgery, however, she experienced bleeding and later a wound infection for which she was treated. A wound VAC was used as well as antibiotics. She lives alone. She was also provided home care services. On 6/17/14, a request for the worker to have continued home care services 5 hours per day and 7 days per week for 4 weeks to assist with physical therapy for left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health 5 hours/day, 7 days/week for 4 weeks to assist with Physical Therapy for left knee: Upheld

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

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that home health services be recommended only for 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. The MTUS also clarifies that 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. In the case of this worker, there was no evidence found in the notes provided for review stating that the home care involved medically necessary services related to her injury. The request was for an assistant to be present in the home 5 hours per day and 7 days per week to assist with physical therapy for the left knee. There are no grounds to support this request, particularly considering the duration of time each day and how many days per week for the purpose of assisting with physical therapy only, which is much more than necessary for an assistant. Without a documented explanation to justify this request, the home care will be considered not medically unnecessary.