

Case Number:	CM14-0011344		
Date Assigned:	02/21/2014	Date of Injury:	01/31/2003
Decision Date:	06/25/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/28/2014

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 70-year-old female specialist support clerk sustained an industrial injury on 1/31/03, when she slipped and fell resulting in multiple injuries to her right knee, back, hip, shoulder, arm, and neck. She underwent a right total knee replacement on 9/12/11. She underwent a left knee total knee arthroplasty on 10/20/12 with multiple post-operative issues, including acute respiratory failure and sigmoid colon perforation, requiring multiple surgeries and six months hospitalization. She was discharged from the hospital in April 2013. Records indicate multiple co-morbidities including diabetes mellitus type II, hypertension, gastroparesis, congestive heart failure, obesity, carpal tunnel syndrome, and gastroesophageal reflux disease. The patient was hospitalized again in October 2013 for pneumonia. The 10/29/13 treating physician report indicated that the patient had increased right hip and pelvic pain from a fall at the hospital, and a painful left hand. Physical exam findings documented the patient was using a walker, left knee range of motion was 25-100 degrees, and there was tenderness over the patella. The diagnosis was carpal tunnel syndrome, traumatic arthropathy, and intestinal perforation. The treating physician stated that the patient required home health assistance and requested a home assessment. Records indicate that the patient was attending aquatic therapy in September and October 2013, and occupational therapy in November 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH ASSISTANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, HOME HEALTH SERVICES, 51

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

Decision rationale: 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. Guideline criteria have not been met. There is no evidence that the patient is homebound. There is no detailed evidence or physician recommendations evidencing the need for intermittent skilled nursing care or physical therapy in the home environment. As such, the request is not medically necessary.