

Case Number:	CM14-0014863		
Date Assigned:	02/28/2014	Date of Injury:	04/29/2010
Decision Date:	07/17/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/05/2014

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 Occupational Medicine 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 49 year old female with a 4/29/10 date of injury. A 1/8/14 progress report indicates that the patient has not been able to drive much since her knee surgery. Physical exam demonstrates antalgic gait, full knee extension. Treatment to date has included psychotherapy, medication, TENS unit, and H-wave. There is documentation of a previous 1/28/14 partial certification, modifying continued home health care for 4 sessions over two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED HOME HEALTH CARE, 2 TMIES A WEEK FOR 4 WEEKS: 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 Chronic Pain Guidelines 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. It is unclear how the patient could attend a gym, as she is reported to do, yet require medical services to be rendered at home. Therefore, the request is not medically necessary.