

Case Number:	CM14-0017027		
Date Assigned:	03/07/2014	Date of Injury:	10/23/2013
Decision Date:	09/12/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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:

The claimant is a 61-year-old female who was injured on October 23, 2013. The claimant's diagnosis is anterior cruciate ligament tear to the left knee. Records indicate that following a course of conservative care, she was to proceed with surgery to include an anterior cruciate ligament reconstruction. In direct relationship to the claimant's surgery, there was perioperative request for home care services 4 hours per day for two weeks' time as well as postoperative use of a shower chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CARE X 2 WEEKS 4 HOURS A DAY PER 3 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the use of home health services would not be indicated. CA MTUS states, "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."Records do not indicate what specific services would be utilized in this individual who is undergoing outpatient ACL reconstruction, a surgery which typically supports a weight bearing recovery. Without documentation of homebound status or documentation of specific services, the request for home health care would not be supported.

SHOWER CHAIR: 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), The Knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: knee procedure -Durable medical equipment (DME).

Decision rationale: California MTUS Guidelines are silent. Official Disability Guidelines would not support a shower chair. This individual is to undergo an ACL reconstructive surgery, a surgery for which individuals are typically weight bearing in the postoperative setting. Given the nature of the claimant's surgical process, there is no direct clinical indication for the use of a shower chair or supportive device. There is no indication of complication from surgical process that would indicate the need for a shower chair at present.