

<b>Case Number:</b>	CM14-0113325		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	10/17/2003
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 73 year old employee with date of injury 10/17/03. Medical records indicate the patient is undergoing treatment for S/P right total knee arthroplasty on 5/28/14 secondary to degenerative joint disease/osteoarthritis. She is s/p right carpal tunnel release, (10/2/2012) injection for right trigger thumb and right DeQuervain's tendinitis, s/p one cortisone injection (4/1/2013) and right small finger triggering and left lateral epicondylitis. Subjective complaints include right knee pain described as ache and stiffness, 7/10, worse with movement and stretching. Pain with ambulation and limited strength and endurance. She has pain in the large knuckle of right index finger and little fingers; swelling in the right hand, wrist and thumb; unable to grip, grasp with right and left hands and weakness of right hand. Objective findings include antalgic gait with use of a front wheeled walker. Active range of motion to right knee flexion to 50 degrees and extension to 15 degrees. Strength is 2+/5. Patient is homebound. Requires minimum assistance with bed mobility and moderate assist with transfers. She is unable to transfer to bed or shower independently. She has decreasing motion of the right thumb; increasing pain and grinding at basal joint. Treatment has consisted of physical therapy, wound care, and medications including Diclofenac, Zofran, Voltaren-XR, Protonix, Tizanidine, and Hydrocodone/apap. The utilization review determination was rendered on 6/25/14 recommending non-certification of Home Health 4 hours/day for 5 days, for 3-4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health 4 Hours a Day for 5 Days for 3 - 4 Weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Home Health Services

**Decision rationale:** According to California MTUS and Official Disability Guidelines (ODG) Home Health Services section, "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." Given the medical records provided, the patient does not appear to be "homebound". The treating physician does detail the need for lower body dressing, bathing, meal preparation, and housekeeping. The documentation provided does not support the use of home health services as 'medical treatment', as defined in MTUS. As such, the current request for home health care Home Health 4 Hours a Day for 5 Days for 3 - 4 Weeks is not medically necessary.