

<b>Case Number:</b>	CM14-0126504		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	02/17/2011
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/10/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that the injured worker is a 64-year-old male who was reportedly injured on 2/7/2011. The mechanism of injury was not listed. The claimant underwent a left above-the-knee amputation on 2/12/2013 due to a chronic knee infection status post previous total knee replacement. The previous utilization review referenced a progress note dated 7/8/2014; however, that progress note was not provided for this independent medical review. The reviewer indicates that the progress note documented ongoing complaints of pain rated 7/10 to 8/10, difficulty falling asleep, depression, weight gain, decreased muscle mass and strength, and decreased energy levels. Diagnoses: Lumbar spine strain/sprain, cervical spine strain/sprain, right knee strain/sprain, internal derangement status post amputation, status post fracture of right leg, traumatic amputation of the left leg secondary to staph infection following total knee replacement, and depression. Previous treatment included physical therapy and medications to include Soma, Vicodin, ibuprofen and transdermal analgesics. A request had been made for home health care 5 days a week, 5 hours a day, for the next 6 months and was not certified in the utilization review on 4/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health care 5 days a week, 5 hours a day, for the next 6 months: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7- Home Health Services; section 50.2 (Home Health Aide Services).

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

**Decision rationale:** The MTUS guidelines support home health services for patients who are homebound, part-time or on an intermittent basis. Review, of the available medical records, documents the claimant underwent a left above-the-knee amputation due to a chronic knee infection of his total knee arthroplasty; however, the records do not indicate he is currently homebound. As such, this request is not considered medically necessary.