

Case Number:	CM14-0132455		
Date Assigned:	09/19/2014	Date of Injury:	08/24/2009
Decision Date:	10/17/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/19/2014

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 Illinois. 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 injured worker is a 65 year old woman with a date of injury of Aug 24, 2009. She worked as an eligibility supervisor with constant twisting, bending, walking, reaching, pushing, pulling, and standing. She then developed pain in her right wrist, low back and both knees. In May 2008, she slipped from her chair and landed in a seated position. She experienced low back pain and was sent to physical therapy. She has a history of back surgery for a disc herniation in 1984. In August 2009, she developed pain in her right wrist and was sent to physical therapy. She also had carpal tunnel surgery in 2010. In 2010, she developed pain in both knees. She thought it was an exacerbation of her 1995 knee pain and did not report it. She has severe right knee pain with multi-compartment osteoarthritis, uses a walker and has been treated with injections, medication, acupuncture, and physical therapy. On March 18, 2014, at a pre-operative evaluation, her right knee has limited range of motion and was tender with confirmed osteoarthritis by x-ray. A urine toxicity screen in April 2014 was negative for any tested substances. On May 20, 2014, she had a cemented right knee open arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health care assisant: 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: Per the Medical Treatment Utilization Schedule, home health services are recommended only for medical treatment for injured workers who are home bound, 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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. There is no documentation detailing the requested service such as the type of care, duration of care, amount of care, or why it is needed. There is no documentation of how this injured worker has difficulties with activities of daily living, medical treatments at home or functional deficits that require professional health care services. Therefore, the request is not medically necessary.