

Case Number:	CM14-0154395		
Date Assigned:	09/24/2014	Date of Injury:	03/15/2005
Decision Date:	10/24/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/22/2014

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 Family 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 58-year-old female who reported an industrial injury to the knee on 3/15/2005, over nine (9) years ago, attributed to the performance of her usual and customary job tasks. The patient complained of chronic pain issues to the low back and knee. The patient was diagnosed with s/p joint replacement to the knee; complications due to internal joint processes; lumbar strain/sprain; morbid obesity and diabetes mellitus. The patient was noted to elect not to proceed with a TKA surgery. The objective findings on examination included right knee exam with healed incision with swelling and probable loose bodies; with marked medial joint line tenderness and diminished range of motion. The patient stated she did not want revision knee replacement but wanted at home assistance from her daughter who is been helping with cleaning the house and shopping.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Assistance x 6 hours per week (no duration) Post right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 91, Chronic Pain Treatment Guidelines home health services Page(s): 51. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Medicare guidelines--Centers for Medicare & Medicare Services (CMS). Medicare and Home Health Care. 2004.

Decision rationale: The patient was not documented to have met the criteria recommended for the authorization of home healthcare. The postoperative course of the TKA was demonstrated to be with the documented ability to walk without a Walker and have functional range of motion. The patient has declined the patient is declined the recommended TKA revision and instead is requested that her daughter provide home health assistance around the house for cleaning and shopping. There was no documented changes to the postoperative knee. The provision of home healthcare is for patients who are homebound. The California MTUS recommend home healthcare 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 even by home health aides like bathing, dressing, and using the bathroom when this is the only care required. The patient is not documented with the criteria recommended by evidence-based guidelines for the provision of home health nursing for six (6) hours per week. The provider did not provide a rationale to support the medical necessity of a home health aide for this patient especially since she did not elect to proceed with surgical intervention. There is no documentation of a disability to the extent where the patient qualifies for home health care post operatively. There is no objective evidence to support the medical necessity of a home health care on an industrial basis due to the diagnoses or the objective findings on examination specifically for wound care s/p left knee arthroplasty with the reported declined revision procedure. The provider has not provided any clinical documentation post operatively to support the medical necessity of the provided home healthcare once a week for three weeks for the post operative care of the total knee arthroplasty as there were no documented complications requiring specialized home care.