

Case Number:	CM14-0156228		
Date Assigned:	09/25/2014	Date of Injury:	04/12/2010
Decision Date:	10/27/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/24/2014

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, has a subspecialty in Interventional Spine 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 patient is a 64 year old female with an injury date of 04/20/10. Based on the 07/09/14 progress report provided by [REDACTED], the patient complains of left knee, low back and left hip pain. She is status post right total knee arthroplasty 09/20/13. Physical exam to the right knee reveals a well-healed midline incision. Flexion is 120 degrees and extension 2 degrees. No instability detected. The left knee demonstrates medial and lateral joint line tenderness, positive patellofemoral crepitus. There is diffuse lumbar paraspinal muscle tightness and tenderness, with decreased range of motion in all planes. Range of motion to the left hip is painful and decreased. Toradol injection performed on 07/09/14 to the buttocks. Patient can work with restrictions and is not permanent and stationary. Per 06/27/14 AME report by [REDACTED], patient's left hip pain is rated 6/10, and it only hurts when she walks. Patient states that she limps and can last a block walking. She uses a cane. Diagnosis 07/09/14- status post right total knee arthroplasty 09/20/13- left knee degenerative joint disease- left hip internal derangement- lumbar degenerative disc disease The utilization review determination being challenged is dated 08/29/14. The rationale follows: 1) Transportation to doctor's appointments: "limited evidence of significant deficits on exam which preclude public transportation or access of family members to assist with transportation. 2) Home health care for homemaker services two (2) times eight (8): "no indication that patient is homebound, lives alone or is incapable of performing activities of daily living." [REDACTED] is the requesting provider, and he provided treatment reports from 01/07/13 - 06/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to doctor's appointments: 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), Knee and Leg Procedure Summary, and Department of Health Care Services-California www.dhcs.ca.gov/services/medi-cal

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - ODG-TWC, knee chapter, Transportation - and on Other Medical Treatment Guideline or Medical Evidence www.aetna.com, Transportation.

Decision rationale: The patient presents with left knee, low back and left hip pain. The request is for Transportation to doctor's appointments. She is status post right total knee arthroplasty 09/20/13. Diagnosis dated 07/09/14 includes left knee degenerative joint disease, left hip internal derangement and lumbar degenerative disc disease. ODG-TWC guidelines, knee chapter online for Transportation (to and from appointments) states: "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009). AETNA has the following guidelines on transportation: Per AETNA guidelines, "The cost of transportation primarily for and essential to, medical care is an eligible medical expense. The request must be submitted for reimbursement and the request should document that patient cannot travel alone and requires assistance of a nurse or companion. "Per progress report dated 07/09/14, treater states that patient can work with restrictions and is not permanent and stationary. Per AME report dated 06/27/14, patient states that she limps and can last a block walking with a cane. Current request also includes "home health care for homemaker services," which does not indicate patient's need of medical assistance from a nurse or companion. Though cost of transportation to doctor's appointments may be reimbursable, treater has not documented that patient has disabilities preventing her from self-transport. The request does not meet guidelines. The request is not medically necessary.

Home health care for homemaker services two (2) times eight (8): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

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

Decision rationale: The patient presents with left knee, low back and left hip pain. The request is for Home health care for homemaker services two (2) times eight (8). She is status post right total knee arthroplasty 09/20/13. Diagnosis dated 07/09/14 includes left knee degenerative joint disease, left hip internal derangement and lumbar degenerative disc disease. MTUS page 51 has the following regarding home health services: "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." Per progress report dated 07/09/14, treater states that patient can work with restrictions and is not permanent and stationary. Based on MTUS, medical treatment does not include homemaker services. The request is not in line with MTUS guideline. The request is not medically necessary.