

Case Number:	CM14-0156490		
Date Assigned:	09/26/2014	Date of Injury:	12/17/2011
Decision Date:	10/27/2014	UR Denial Date:	08/27/2014
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 Pain 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:

The injured worker is a 38-year-old male with an original industrial injury on December 17, 2011. The patient has chronic knee pain, with a medial meniscus tear, abdominal pain, anxiety, depression, and lack of sleep. The patient has undergone right knee arthroscopic surgery before on January 3, 2013 and more recently on July 7, 2014. The patient has also had conservative treatment with a cortisone injection. The disputed request is for home health. This was requested in a progress note on date of service July 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care post-op: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state the following regarding "Home health services" on page 51: "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. (CMS, 2004)"In the case of this injured worker, the requesting provider fails to document any extenuating circumstances in which home health would be required. The guidelines specifically state that home health cannot be ordered for patients that need assistance with routine activities of daily living, but only in cases where the patient has demonstrated need for medical treatment such as wound care. In a standard knee arthroscopic surgery, home healthcare is not typically warranted. This request is not medically necessary.