

<b>Case Number:</b>	CM14-0021981		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	03/27/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Orthopedic Surgery, 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 56-year-old male with industrial injury on March 27, 2012. Status post complex right tibial shaft fracture with nonunion and osteomyelitis. Exam note December 16, 2013 demonstrates patient is schedule for right knee arthroscopy, chondroplasty. Report by provider on December 16, 2013 demonstrates right knee meniscal tear and chondromalacia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTHCARE AIDE 8 HOURS PER DAY, 6 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Home health services.

**Decision rationale:** The CA MTUS/ACOEM is silent on the issue of home health services. According to the ODG Pain section, 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." In this case the exam notes from December 16, 2013 do not demonstrate the patient is homebound to require the utilization of home health services. The request for a home health care aide, eight hours daily, for six weeks, Is not medically necessary or appropriate.