

Case Number:	CM14-0030926		
Date Assigned:	06/20/2014	Date of Injury:	01/31/2013
Decision Date:	07/18/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/11/2014

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 Texas. 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 60 year old male whose date of injury is 01/31/2013. On this date he was run over by a truck. The injured worker underwent left leg below the knee amputation and was fitted for his final prosthetic in December 2013. He was recommended for right knee arthroscopy which was scheduled for March 2014. He was recommended for postoperative home health services for shopping, cooking and laundry.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health assistance after surgery, three hours a day, four days a week for 12 weeks (to help with shopping, cooking/meal preparation and laundry. The patient will be partially home bound while recovering from surgery): 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 Chronic Pain Medical Treatment Guidelines support home health services for injured workers who are homebound on a part-time or intermittent basis for otherwise recommended medical treatment. Chronic Pain Medical Treatment Guidelines note

that 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. Based on the clinical information provided, the request for home health assistance after surgery, three hours a day, four days a week for 12 weeks (to help with shopping, cooking/meal preparation and laundry is not recommended as medically necessary.