

Case Number:	CM14-0033866		
Date Assigned:	06/20/2014	Date of Injury:	01/22/1996
Decision Date:	07/24/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/18/2014

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 and is licensed to practice in Nevada. 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 62-year-old male was reportedly injured on January 22 1996. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 2, 2014, indicated that there were ongoing complaints of right knee pain. There was a history of a prior left knee total knee arthroplasty performed in 2002 and a right knee total knee arthroplasty performed in 2003 with a subsequent infection. The injured employee currently uses a powered wheelchair and does limited amounts of ambulation with the use of a walker. The physical examination demonstrated right knee range of motion from 20 to 100. Diagnostic imaging studies objectified a well positioned revision of the total right knee arthroplasty. A request was made for home health services and was not certified in the pre-authorization process on February 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aid Services 4 hr per day, 3 days per week for 12 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 51 of 127.

Decision rationale: According to a note, dated March 18, 2014 the injured employee has been previously receiving home healthcare services for several years. This care has included helping him bathe, dress, do meal preparation, housekeeping, and helping the injured employee with compression stockings. It was also stated that additional duties would involve transportation to doctor's appointments, helping with groceries, and prescriptions. According to the California MTUS chronic pain medical treatment guidelines, home health services are only recommended for 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. This request for home healthcare specifically states that there is a need for the home healthcare individual to perform shopping for groceries and perform housekeeping. As this is not the purpose of a home healthcare individual, this request for home health care aide services for four hours per day, three days a week, for 12 weeks is not medically necessary.

RN Evaluation prior to EOC: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 9792.26, MTUS (Effective July 18, 2009) Page(s): 51 of 127.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services is medically necessary.