

Case Number:	CM14-0036158		
Date Assigned:	06/23/2014	Date of Injury:	05/26/2011
Decision Date:	08/12/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/24/2014

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 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 records presented for review indicate that this 51-year-old female was reportedly injured on May 26, 2011. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated October 3, 2013, indicated that there were ongoing complaints of bilateral knee pains. There was recent concern for a left knee infection, and the injured employee was prescribed amoxicillin. The injured employee stated to be currently taking 33 medications. The physical examination of the knee revealed no deformity, swelling, atrophy, asymmetry, erythema, or malalignment. A Toradol injection was given. There was a request for medical transportation as the injured employee was stated to be unable to drive. Previous treatment included a left knee arthroscopy performed on August 9, 2012 and a right knee arthroscopy on August 14, 2012. A request had been made for home health for 10 hours a day for six weeks and was not certified in the pre-authorization process on February 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health 10 hours a day for 6 weeks QTY:6: Upheld

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

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

Decision rationale: It is unclear why there is a request for home health for 10 hours per day when the most recent progress note dated October 3, 2013, states that the injured employee is assisted by her husband and is only alone for a few hours per day. Additionally, it is unclear if this request is for home health care to render medical treatment or a home health aide to assist with activities such as bathing, dressing, and using the bathroom. For these multiple reasons, this request for home health 10 hours per day for six weeks is not medically necessary.