

<b>Case Number:</b>	CM14-0038788		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/23/2003
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 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 represented [REDACTED] employee who has filed a claim for bilateral knee arthritis, bilateral carpal tunnel syndrome, chronic low back pain, and morbid obesity reportedly associated with an industrial injury of April 23, 2003. Thus far, the applicant has been treated with the following: Right and left carpal tunnel release surgery; a right first dorsal compartment release surgery; epidural steroid injection therapy; and a lap banding procedure for morbid obesity. In a Utilization Review Report dated March 6, 2014, the claims administrator denied a request for a home health services, citing non-MTUS ODG Guidelines despite the fact that the MTUS addressed the topic. The claims administrator stated that the attending provider had not described what home health services were being sought. The attending provider suggested that the applicant was pending a calcaneal osteotomy procedure. The applicant's attorney subsequently appealed. An August 20, 2013 handwritten progress note suggested that the applicant was proceeding with a right total knee arthroplasty. On September 20, 2013, it was stated that the applicant was in the process of pursuing an epidural steroid injection. On October 21, 2013, it was stated that the applicant was on total temporary disability following a right total knee arthroplasty on July 17, 2013. The applicant's case and care were complicated by comorbid diabetes, it was acknowledged. On January 29, 2014, the applicant was described as pending a Trapeziectomy surgery for arthritis of left CMC joint. On February 6, 2014, a repeat lumbar epidural injection was sought. The home health services were apparently requested via a request for authorization form dated February 27, 2014. In a progress note date March 5, 2014, however, it was not stated what home health services were being sought. The applicant was, however, placed off of work, on total temporary disability. It was stated that the applicant was trying to pursue a second total knee arthroplasty. On April 21, 2014, the applicant's rheumatologist opined that her fibromyalgia was industrial in

nature. Multiple progress notes dated May 25, 2014 and March 25, 2014 did not state what home health services were precisely being sought here. On a July 30, 2014 office visit, the applicant was asked to continue exercising. It was stated that the applicant was pending a left ankle surgery on August 30, 2014. The applicant did exhibit an antalgic gait requiring usage of a cane. The attending provider stated that the applicant needed home health following the planned left ankle surgery of August 30, 2014 on the grounds that the applicant did not have a family member at home who could help her postoperatively.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Home Health Care 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 11TH EDITION (WEB 2014)-HOME HEALTH SERVICES FOR THE LEGS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS page 51, Home Health Services topic.2. MTUS 9792.23.b2. While the request appears to represent a perioperative request/postoperative request, MTUS 9792.23.b2 does stipulate that the postsurgical treatment guidelines in section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. Since page 51 of the MTUS did directly address the request, it was therefore invoked Page(s): 51.

**Decision rationale:** As noted on page 51 in the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended to deliver otherwise recommended medical care in applicants who are homebound and/or are unable to receive outpatient medical services of their own accord. In this case, the attending provider did not state what home health services were being sought in his July 30, 2014 progress note. Based on the admittedly limited description of events on file, it appears that the attending provider was seeking home health services for the purposes of assistance with activities of daily living. Such services, however, are specifically not covered, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines on a stand-alone basis. Therefore, the request is not medically necessary.