MAXIMUS Federal Services

Case Number:	CM14-0039097		
Date Assigned:	06/27/2014	Date of Injury:	05/26/2011
Decision Date:	08/19/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/03/2014

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 Anesthesiology, has a subspecialty in Pain 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 51 year old female who reported an injury to her right knee. The mechanism of injury is unknown. The clinical note dated 02/25/14 indicates the injured worker complaining of severe levels of right knee pain. It was documented the injured worker received a cortisone injection. The injured worker did report ongoing swelling and having difficulty bearing weight, therefore was utilizing a wheelchair for mobility purposes. Upon exam, she demonstrated range of motion deficits at the right knee. Tenderness was identified upon palpation of the medial and lateral joint lines. Mild instability was identified at mid flexion with solid endpoints. Radiographs completed on 02/25/14 revealed severe osteoarthritis with a collapsible lateral compartment. The injured worker has been identified as being status-post open reduction and internal fixation (ORIF) as a result of a tibial plateau fracture. The hardware was identified as being intact and in good position. The clinical note dated 11/18/13 indicates the injured worker continuing with 8/10 pain at the right knee. The note indicates the injured worker having had a fall 2-3 weeks prior resulting in the right knee pain. The clinical note dated 02/10/14 indicates the injured worker presented with progressive confusion as well as increased lethargy over the previous week with of vomiting. There was also an indication the injured worker had been to the hospital for paracentesis and had one fall in the interim. The clinical note dated 11/22/13 indicates the injured worker continuing with right knee pain. The note indicates the injured worker being recommended for a joint replacement at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health aid, 6 hours a day for 6 weeks per 2/24/14 form Qty: 1.00: 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 documentation indicates the injured worker complaining of ongoing knee pain. Home health services are indicated for injured workers who require medical services on part-time or intermittent day for up to 35 hours per week. The request for a home health aide six hours/day exceeds guideline recommendations in terms of the requested number of hours per week. Additionally, no information was submitted regarding the injured worker's specific medical needs. Given these factors, the request is not medically necessary.