

<b>Case Number:</b>	CM14-0048618		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	04/21/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 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:

Medical records reflect the claimant is a 61 female who sustained a work injury on 4-21-13. On this date, the claimant was walking toward a building at work and stepped onto an area with loose gravel, lost her balance and twisted her knee. On 2-24-14, notes the claimant has an antalgic gait, she is cane dependent. She reports her right hip and back are really bothering her. She reported having a difficult time getting around. On 4-28-14, the claimant reports painful right knee. She is at modified work activities. She rated her pain as 8/10. She also reported ongoing low back pain and burning pain at the right gluteal area. On exam, the claimant had effusion at the right knee grades 1-2+, tenderness to palpation at the posteromedial point line, McMurray test is positive, quadriceps strength is 3+/5. Range of motion of the right knee at 90 degrees. It is noted the claimant was being scheduled for right knee arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG=Treatment of Workers Comp 2012, website: [www.odgtreatment.com](http://www.odgtreatment.com). Work Loss Data Institute ([www.worklossdata.com](http://www.worklossdata.com)) updated 2/14/2012.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines home health services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - home health services.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG notes that home health services are recommended only for otherwise recommended 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. Medical records reflect this claimant is able to ambulate she walks using a cane and limps, she is able to ambulate. She is at modified work activities. Her physical exam does not support that this claimant has a diagnosis that requires home health services. There is an absence in documentation noting that this claimant is homebound. Therefore, the medical necessity of this request is not established.