

Case Number:	CM14-0053653		
Date Assigned:	07/07/2014	Date of Injury:	04/15/2011
Decision Date:	08/29/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/22/2014

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 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:

This is a 48-year-old female who was reportedly injured on April 15, 2011. The mechanism of injury was noted as falling into an elevator. The most recent progress note dated June 12, 2014 indicated that there were ongoing complaints of right knee and left ankle instability. The physical examination demonstrated ambulation with the assistance of a wheel walker. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included left shoulder arthroscopy, left knee arthroscopy, left ankle surgery, right knee arthroscopy, physical therapy and aquatic therapy. A request was made for home care with a home health aide for four hours per day and was not certified in the pre-authorization process on April 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care (Home Health Aide) four hours daily: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, home health services are indicated for those individuals who are homebound on at least a part-time or intermittent basis. Home health aide care includes assistance with activities such as bathing, dressing, and using the bathroom. According to the attached medical record, there is no documentation that the injured employee is homebound or needs assistance of a home health aide with activities of daily living. For these reasons, this request for home healthcare, home health aide, for four hours per day is not medically necessary.