

Case Number:	CM14-0057372		
Date Assigned:	07/09/2014	Date of Injury:	04/29/2011
Decision Date:	12/25/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/28/2014

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 Orthopedic Surgery 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 62-year-old female senior custodian/janitor sustained an industrial injury on 4/29/11. Injury occurred to the left ankle and foot when her foot was caught in a cart while falling down. She developed subsequent compensatory right ankle/foot, right knee, and low back pain due to altered gait. Injury was also reported involving the bilateral wrists/hands due to repetitive work duties. Past surgical history was positive for left ankle subtalar fusion in March 2010 and left ankle triple arthrodesis and gastrocnemius resection on 3/12/13. The 3/20/14 treating physician report indicated that the patient had been diagnosed with a right knee sprain secondary to altered gait with a complex tear of the posterior horn of the medial meniscus, degenerative changes of the posterior horn lateral meniscus, and peripatellar tendinosis. The patient complained of continued right knee pain with buckling and giving way. Physical exam documented decreased range of motion, joint tenderness, positive McMurray's, and quadriceps weakness. A right knee surgical consult was recommended. The patient was also pending authorization for left ulnar nerve transposition and carpal tunnel release surgery. The treating physician requested home health assistance following the right knee surgery for household cleaning activities, assistance with cooking, doing laundry, grocery shopping, and transportation. Home health care assistance, was requested 16 hours per day for one week post-operatively; followed by 8 hours per day, 7 days per week, for one week, and followed by 4 hours per day, 3 days per week for 6 weeks. The 4/21/14 utilization review denied the request for home health care assistance as there was no discussion of the patient's living situation or incapacity to perform activities of daily living, and limited evidence of significant functional limitations precluding performance of activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-surgical home health care assistance, 16 hours per day 7 days x 1 week post-operatively; 8 hours per day x 7 days per week for 1 week, followed by 4 hours per day x 3 days per week x 6 weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Home Health Care Assistance.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services)

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are home-bound, on a part time or intermittent basis, generally 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. Medicare provides specific patient selection criteria for in home services, including the individual is confined to the home and the service must be prescribed and periodically reviewed by the attending physician. Additionally, the individual must be in need of skilled nursing care on an intermittent basis, or physical therapy or speech-language pathology; or have a continuing need for occupational therapy. Guideline criteria have not been met. There is no evidence that the patient will be confined to the home. There are no evidence or physician recommendations evidencing the need for intermittent skilled nursing care or physical therapy in the home environment. This request for 56 to 112 hours of home care services per week for the first 2 weeks exceeds the maximum allowance of home health services allowed under guidelines when criteria are met. Therefore, this request is not medically necessary.