

<b>Case Number:</b>	CM14-0057568		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/15/2005
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 63 year old male was reportedly injured on 4/15/2005. The mechanism of injury is undisclosed. The most recent progress note, dated 3/21/2014, indicates that there are ongoing complaints of left knee pain. The physical examination dated 12/16/2013 reveals left knee: positive patellar tendon tenderness to palpation, positive medial joint line and lateral joint line tenderness palpation, positive swelling, positive patellar crepitus, and medial/lateral McMurray's sign. Diagnostic imaging studies include an MRI from 2012 which reveals left knee medial/lateral meniscal tear. Previous treatment includes medication and conservative treatment. A request was made for home healthcare four hours daily three days per week for three months and was not certified in the preauthorization process on 4/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home care assistance for four hours per day, 3 days per week for three months: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Title 8 Industrial Relations Chapter 4.5 Subchapter 1 Administrative Rules Article 5.5.2 Medical treatment utilization chronic pain, home health services.

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

**Decision rationale:** 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. After review of the medical records provided there is no documentation the patient is homebound on a part time or intermittent basis, therefore this request is deemed not medically necessary.