

Case Number:	CM14-0059170		
Date Assigned:	07/09/2014	Date of Injury:	03/09/2011
Decision Date:	08/08/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/29/2014

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 Orthopaedic 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 49-year-old male sustained an industrial injury on 3/9/11. Injury occurred when the patient fell and landed on his left knee. Past surgical history was positive for a left knee arthroscopic procedure on 12/10/12. The patient was diagnosed with left knee full thickness grade IV femoral osteochondral lesion. The patient underwent left knee diagnostic arthroscopy with extensive synovectomy and open subchondral medial femoral condyle graft on 3/26/14 and was discharged to home on 3/27/14. The 3/27/14 functional assessment documented the patient lived alone in an apartment, with anticipated discharge to home with a walker for mobility. The patient required minimal assistance in activities of daily living. The 3/28/14 utilization review denied the request for home health care based on an absence of documented medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 home visits (home health care 4-6 hours 2-3 days a week for 4 weeks post-op care):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation 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 homebound, on a part time or intermittent basis. 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. [REDACTED] 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. The guideline criteria have not been met. There is no detailed evidence that the patient is homebound or would be homebound for a period of 4 weeks. There is no evidence of physician recommendations evidencing the need for intermittent skilled nursing care or physical therapy in the home environment for a period of four weeks. There is no specific documentation relative to the type of services being requested. Therefore, this request for 12 home visits (home health care 4-6 hours 2-3 days a week for 4 weeks post-op care) is not medically necessary.