

Case Number:	CM14-0062933		
Date Assigned:	07/11/2014	Date of Injury:	05/30/2008
Decision Date:	10/07/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/05/2014

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 Occupational Medicine 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:

Patient is a 65 year-old male with date of injury 05/30/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/17/2014, lists subjective complaints as pain in the lumbar spine and bilateral knees. Objective findings: Lumbar spine: palpation elicited tenderness over the paralumbar muscles bilaterally. Range of motion moderately reduced in all planes by spasm and pain. Straight leg test raise testing in supine position was positive bilaterally. Knee: Palpation elicited tenderness over the right knee. Range of motion was reduced in flexion and extension by pain bilaterally. McMurray's test with internal rotation was positive bilaterally. Diagnosis: 1. Status post left knee medial/lateral meniscectomy 2. Lumbar spine herniated nucleus pulposus 3. Bilateral knee osteoarthritis/ degenerative joint disease 4. Right knee lateral meniscal tear 5. Left lower extremity radiculopathy 6. Intractable pain of the bilateral knees. Patient is status post left knee medial and lateral meniscectomy in 2009 and 09/06/2013, and status post right knee meniscectomy and debridement on 03/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Healthcare Assessment / Home Healthcare Aide: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Home Health Services

Decision rationale: The request is actually for housecleaning services 4 hours per week for 3 months. The Official Disability Guidelines recommend home health services only for recommended medical 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. The medical record does not contain documentation that the patient requires medical services to be provided at the home. Therefore, this request for home health services is not medically necessary.