

Case Number:	CM14-0074539		
Date Assigned:	07/16/2014	Date of Injury:	02/14/2005
Decision Date:	09/25/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/22/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 51-year-old female with a 2/14/05 date of injury, status post right total knee replacement on 1/22/10, and status post left total knee replacement on 4/24/14. At the time (5/20/14) of request for authorization for home health aide for 5 consecutive days, then every other day for the next 2 weeks, there is documentation of subjective (left knee pain) and objective (mild limp left lower extremity, left knee range of motion -3 to 120 degrees, patellofemoral crepitus, mild medial joint line tenderness) findings, current diagnoses (left knee osteoarthritis, bilateral knee pain), and treatment to date (medications). The 4/29/14 Home Health Aide Assignment Sheet identifies patient needs assist with activities of daily living, and has high risk for falls, and potential for infection. There is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed).

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health aid for 5 consecutive days, then every other day for the next 2 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of diagnoses of knee osteoarthritis, bilateral knee pain. In addition, there is documentation of recent left total knee replacement 4/24/14 and that the patient will be homebound on a part-time or intermittent basis. However, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed). Therefore, based on guidelines and a review of the evidence, the request for home health aide for 5 consecutive days, then every other day for the next 2 weeks is not medically necessary.