

<b>Case Number:</b>	CM14-0076501		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Tennessee. 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 patient is a 60-year-old male who has submitted a claim for s/p total left knee replacement, talofibular ligament tear with tenosynovitis of left ankle, facet syndrome of lumbar spine, and left lower extremity radiculopathy associated with an industrial injury date of January 3, 2013. Medical records from January 3, 2014 up to June 5, 2014 were reviewed showing continued sharp shooting pain in the left knee, making it difficult to walk, sit, and stand. He rated the pain at 8/10. Patient denied postoperative surgical infection or complication. Progress reports noted patient living with family and able to get up from bed and sit with help of wife. Patient has hypertension, obesity, and hyperlipidemia. Physical examination of the knee revealed healed surgical scar without infection or redness. Treatment to date has included total knee replacement, physical therapy, warfarin, ezetimibe, Lipitor, metoprolol, and diltiazem. Utilization review from May 19, 2014 denied the request for Home Health for skilled Nursing Services 2 hours daily for 2 weeks. There is no provided objective evidence of inability to function prior or subsequent to the surgical intervention to the left knee. There is no discussion of the home situation or availability of friends or family. No documentation was provided citing functional restrictions that would not allow the patient to care for himself.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health for skilled Nursing Services 2 hours daily for 2 weeks.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 91,Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 Pain, Suffering, and Restoration of Function, page(s) 91.

**Decision rationale:** According to page 51 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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. As per ACOEM, to optimize the chance of success, the patient's family or support system must be enlisted in the recovery effort. In this case, the patient does complain of pain and decrease in functioning, however he is not homebound nor does he have post-surgical complications that warrant skilled home health services. In addition, the patient lives with his family and there is no discussion whether or not the patient's family can assist in his home care. No documentation was provided citing functional restrictions that would not allow the patient to care for himself. Moreover, there was no discussion whether the patient's current physical therapy is inadequate in achieving functionality. Therefore the request for HOME HEALTH FOR SKILLED NURSING SERVICES 2 HOURS DAILY FOR 2 WEEKS is not medically necessary.