

<b>Case Number:</b>	CM14-0080445		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/04/2010
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 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 62-year-old male sustained an industrial injury on 6/4/10. Injury occurred when he fell onto his knee. The patient underwent a total knee replacement on 4/23/14. He was admitted to a skilled nursing facility for post-operative care and discharged home on 5/15/14. Records indicated that he initiated outpatient physical therapy on 5/19/14. The 5/23/14 utilization review denied the request for home health aide, as there was no documentation that the patient was homebound and the nature of medical treatment required was not documented. The 5/27/14 orthopedic chart note indicated that the patient was improved, slower than expected. Right knee pain was worse with prolonged standing and walking and greatly affected activities of daily living. The patient was unable to cook for himself and had difficulty with bathing, steps, and getting in and out of bed. Physical exam documented range of motion 5-95 degrees with positive soft tissue swelling. A home health aide was requested for 2 weeks as the patient lived alone and had difficulty performing activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Aide four hours a day for 2 weeks (how many days of week is unspecified):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Home Health.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 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. Medicare 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. Guideline criteria have not been met. There is no evidence that the patient is homebound. There is no evidence or physician recommendations evidencing the need for intermittent skilled nursing care or physical therapy in the home environment. Therefore, this request for home health aide four hours a day for 2 weeks is not medically necessary