MAXIMUS Federal Services

Case Number:	CM14-0085780		
Date Assigned:	07/23/2014	Date of Injury:	11/14/2007
Decision Date:	09/19/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/09/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 56-year-old female who reported an injury on 11/14/2007 due to falling while working as a dog trainer and injuring her knee. The injured worker had a history of right knee pain with a diagnosis of right knee chondromalacia and degenerative medial meniscus. The past surgical procedures included a left knee arthroscopy, right hindfoot surgery, and right hand fracture tendon tear. The x-ray of the right knee revealed slight narrowing and irregularity of the medial femoral condyle. The MRI dated 03/24/2014 of the right knee revealed oblique tear to the posterior horn of the medial meniscus involving the body posterior horn junction. The past treatment included aquatic therapy, physical therapy, home health aid, and a right ankle stimulator. The objective findings dated 03/27/2014 of the right knee revealed tenderness to palpation along the post medial jointline with a positive McMurray's test, no evidence of instability, negative Lachman's test, negative anterior/posterior drawer sign, and no evidence of varus or valgus instability. The medications included diclofenac sodium and Norco 5/325 mg. No VAS was provided. The treatment plan included a home health aide. The request for authorization dated 07/23/2014 was submitted with the documentation. The rationale for the home health aide was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide 2 hours/day, 5 days/week, for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS 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 rationale: The request for Home Health aide 2 hours/day, 5 days/week, for 4 weeks is not medically necessary. The California MTUS recommends 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. Per the clinical notes dated 03/25/2014, it indicated that the injured worker was doing exceptionally well with regard to her right foot and that she had made advances in the last 6 weeks; swelling was down; no focal tenderness; foot was stable. She had some ongoing issues with the knee; however, had a recent MRI. The injured worker is in physical therapy with aquatic therapy treatment and stimulator which should be assisting the injured worker. Per the clinical note dated 12/20/2013, the incision for the foot was done beautifully after the surgery and showed a well healed fusion. The injured worker indicated that after the aquatic therapy she felt very good; tolerated range of motion. The injured worker has increased pain when she walks a lot over the weekend. The guidelines indicate that home health is for homebound and on a part time or intermittent basis, generally up to 35 hours per week. They do not provide services like cleaning, laundry, or personal care. The notes indicated that the injured worker had a home health aide that assist with housework. As such, the request is not medically necessary.