

Case Number:	CM14-0097172		
Date Assigned:	09/16/2014	Date of Injury:	10/09/2002
Decision Date:	11/10/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/25/2014

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:

This 53 year-old patient sustained an injury on 10/9/2002 while employed by [REDACTED]. Request(s) under consideration include Home Care Support for Cooking/Cleaning 4 Hours/Day x 2 Days/Week (Up to 32 Visits). Diagnoses include s/p left knee arthroscopic partial medial meniscectomy on 2/14/14. Report of 3/17/14 from the provider noted the patient with persistent pain and swelling of knee; low back worse since partial meniscectomy surgery; medications helpful. Exam showed left knee slightly swollen; patient is off cane/crutches; waling a little at grocery store. Medications list Carisoprodol, Zolpidem, Furosemide, and Hydrocodone. Diagnoses were lumbar disc disorder with myelopathy; knee OA and tear of medial meniscus s/p arthroscopy. Treatment noted TTD and home exercises along with continued medications. The patient is retired/ MMI. Report of 5/21/14 from the provider noted the patient with ongoing chronic low back/ mid back and knee pain. Conservative care has included medications, therapy, and modified activities/rest. Exam showed patient ambulating with limp; left knee still slightly swollen. Requests for home care for cooking and cleaning. The request(s) for Home Care Support for Cooking/Cleaning 4 Hours/Day x 2 Days/Week (Up to 32 Visits) was non-certified on 6/9/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

In Home Care Support for Cooking/Cleaning 4 Hours/Day x 2 Days/Week (Up to 32 Visits): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 52.

Decision rationale: The MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. There is documentation of the patient being off crutches/cane and is tolerating grocery shopping. There is no specific deficient performance evident in activities of daily living as the patient is able to ambulate without assistive devices at the doctor's visit. Exam has no clear neurological deficits. The In Home Care Support for Cooking/Cleaning 4 Hours/Day x 2 Days/Week (Up to 32 Visits) is not medically necessary and appropriate.