

Case Number:	CM13-0008909		
Date Assigned:	02/21/2014	Date of Injury:	04/28/2011
Decision Date:	01/28/2015	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/09/2013

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 Rehab, has a subspecialty in Interventional spine 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 patient is a 46 year old female with an injury date of 04/28/11. The most recent progress report provided is dated 08/01/13 and states that the patient presents two weeks status post right TKA with minimal pain. She is able to ambulate. She is not working and is temporarily totally disabled. Examination shows the anterior incision is healing with no sign of infection. Compartments are soft and the patient is distally neurovascularly intact. The patient's diagnosis is status post right TKA. The 07/17/13 operative report right total knee replacement and removal of hardware is included. The treater is requesting for post-operative physical therapy and the patient is to take aspirin. Right knee x-ray protocol is to be repeated in one month. The utilization review being challenged is dated 08/01/13. The rationale is that skilled nursing visits indicate the patient requires assistance with self-care, custodial care, babysitting services and transportation. The review does not further discuss the rationale. Reports were provided from 05/21/13 to 08/01/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide (4) hours a day for (7) days a week for (2) weeks to assist with activities of daily living: 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): 51.

Decision rationale: The patient presents with minimal pain status post total right knee replacement on 07/17/13. The treater requests for Home Health Aide (4) hours a day for (7) days a week for (2) weeks to assist with activities of daily living per report of unknown date. The RFA is not included. The 08/01/13 utilization review states the date of the request is 07/23/13. MTUS guidelines page 51 states, Home health services: "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. (CMS, 2004)." The treater does not discuss this request in the reports provided. Apparently the request is for care following 07/17/13 total knee replacement. Two reports are provided after this date. The 07/18/14 states, "The patient is doing well overall." It further states, "It sounds like she is doing well with physical therapy and I am hopeful she can go home tomorrow." The utilization review cites clinical notes dated 07/23/13 (not included for review) stating the patient lives with her spouse and 9 and 10 year old children, but they are on vacation while the claimant underwent surgery. Friends of the patient are visiting and assisting with ADL's. The reports provided for independent review show no discussion regarding the patient's ADL and self-care needs, and what physiologic deficits are needed in terms of mobility, transfers and self-care. The request is not medically necessary.