

Case Number:	CM14-0013191		
Date Assigned:	02/24/2014	Date of Injury:	01/12/2007
Decision Date:	03/06/2015	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year male injured worker suffered and industrial injury on 1/12/2007. The details of the accident, injuries or treatments were not included in the documentation provided. The injured worker had extensive orthopedic surgery to the right knee early in 2013. On the visit 8/20/2013 the provider noted considerable atrophy and dysfunction to the quadriceps muscle and the knee was non-tender. The visit from 9/11/2013 indicated difficulty with range of motion of the knee and only able to walk for 1 block. He utilized the brace for longer distances. He was participating in the home exercise program and was unable to drive /complete household tasks. The visit on 10/07/2013 and 10/17/2013 indicated progressive swelling of the knee and worsening pain with continued extensive atrophy of the thigh muscle. The provider stated the functional decline was contributed by lack of formalized therapy. The documentation provided did not include the provider note date 1/9/2014, which indicated that the injured worker was scheduled for further orthopedic surgery for the condition of the knee. The note also indicated increased swelling and crepitus upon motion. The UR decision on 1/24/2014 non-certified the request for home care 2 hours a day, 2 times a week for 2 months as per the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care aid 2 hours per day, 2 times per week for 2 months: Overturned

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 patient presents with unrated right knee pain and associated swelling. Patient is status post right knee tibial tubercle osteotomy with autologous chondrocyte implantation in April 2013. The request is for HOME CARE AIDE 2 HOURS A DAY, 2XWK X 2 MOS. Physical examination 10/17/13 revealed considerable quadriceps atrophy, and point tenderness to the anteromedial and anterolateral fat pad areas of the right knee. Decreased range of motion and painful motion noted on extension of the right knee, secondary to quadriceps atrophy. The patient's current medication regimen is not specified. Patient's current work status is not provided, though it is noted that the patient is has difficulty performing even simple activities of daily living. Diagnostic imaging was not included, though progress note 10/17/13 discusses results of an undated MRI. MTUS Chronic Pain Medical Treatment Guidelines, pg 51 for Home health services states: "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." In regards to the request for a home care aide to be utilized 4 hours a week for an initial duration of 2 months, the request appears reasonable. Progress note 10/17/13 describes a significant, progressive reduction in function following surgery, an inability for the patient to make it to appointments, perform physical therapy at home, or to get groceries and mail for himself. The intent of the request appears to be to assist this patient in making it to appointments and to perform important activities of daily living, such as transport to the grocery store, post office, etc. Additionally, utilization review dated 01/24/14 appears to have certified this request as appropriate. Therefore, this request IS medically necessary.