

Case Number:	CM14-0186228		
Date Assigned:	11/14/2014	Date of Injury:	04/20/2010
Decision Date:	04/03/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/07/2014

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice

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 53 year old female, who sustained an industrial injury on 4/20/2010. The diagnoses have included lumbar discopathy, electrodiagnostic evidence of chronic right radiculopathy and status post right knee arthroscopy. Treatment to date has included physical therapy and pain medication. The injured worker underwent removal of a total knee arthroplasty on 10/16/2010 due to an infected total knee arthroplasty of the right knee. According to the progress report dated 8/27/2014, the injured worker presented for orthopedic re-evaluation. The injured worker complained of persistent pain in her low back that radiated into the lower extremities, right greater than left. She rated the pain as 9/10. She also complained of intermittent pain in the hip characterized as aching. The injured worker also complained of intermittent pain in the right knee. She admitted to some swelling and buckling of the right knee. The injured worker walked with a slight limp, favoring the right leg. Exam of the lumbar spine revealed palpable paravertebral muscle tenderness with spasm. Exam of the right hip revealed tenderness at the right hip anteriorly; there was pain with hip rotation. Right knee exam revealed minimal swelling. A surgical request was submitted for posterior lumbar interbody fusion. A progress note dated 9/17/2014 documented worsening right knee pain. Authorization was pending for a right knee revision. On 10/27/2014, Utilization Review (UR) non-certified a request for an Aid to help around the house for four hours three times a week for four weeks, a Home Therapist for safety check around the house and Home Health Aid for four to six hours seven times a week for six weeks. The UR summary with guideline citations was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aid to help around the house for 4 hours 3 x week x 4 weeks: 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, Page 51.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Home health care aide. MTUS guidelines state the following: Home health services. Recommended only for otherwise recommended medical treatment for patients who are home bound, 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) According to the clinical documentation provided. The patient does not meet requirement for home aide. Home Health-care is not indicated as a medical necessity to the patient at this time.

Home Therapist for Safety Check around the house: 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, Page 51.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Home Therapist for safety check around the house. MTUS guidelines state the following: Home health services. Recommended only for otherwise recommended medical treatment for patients who are home bound, 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) Home Therapist for safety check around the house is not indicated as a medical necessity to the patient at this time as there is no documentation to why the patient is requiring this.

Home Health Aid for 4-6 Hours 7 x week x 6 weeks: 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, Page 51.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Home health care aid. MTUS guidelines state the following: Home health services. Recommended only for otherwise recommended medical treatment for patients who are home bound, 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) According to the clinical documentation provided. The patient does not meet requirement for home Aid. Home Health-care is not indicated as a medical necessity to the patient at this time.