

Case Number:	CM14-0186406		
Date Assigned:	11/14/2014	Date of Injury:	07/05/2006
Decision Date:	01/05/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/10/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and bilateral knee pain reportedly associated with an industrial injury of July 5, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier right knee total knee arthroplasty surgery in 2006; a knee brace; and unspecified amounts of physical therapy over the course of the claim. The claims administrator denied a request for home health services through a Utilization Review Report of November 6, 2014. The claims administrator stated that its decision was based on an October 27, 2014 progress note. The claims administrator suggested that the attending provider was seeking assistance with activities of daily living for the applicant. The applicant's attorney subsequently appealed. In a July 28, 2014 progress note, the applicant reported ongoing complaints of left knee pain. The applicant had never had left knee surgery, it was acknowledged. The applicant was using a cane to move about. Diminished range of motion and crepitation were appreciated about the knee. Muscle spasms were also appreciated. Lumbar MRI imaging and three left knee viscosupplementation injections were sought. Norco was dispensed. The applicant was asked to consult a knee surgeon. The applicant's work status was not clearly stated, although it did not appear that the applicant was working with permanent limitations in place. On May 19, 2014, the applicant reported ongoing complaints of left knee and low back pain. Viscosupplementation injections were sought for reported tricompartmental arthritis of the left knee. On September 15, 2014, the applicant again reported persistent complaints of knee pain. Viscosupplementation injections were sought. In an earlier dated August 11, 2014, the applicant was again reporting ongoing complaints of left knee and low back pain. Viscosupplementation injections and lumbar MRI imaging were again sought. The attending provider stated that the claims administrator had failed to respond to

earlier request for authorization. In an October 27, 2014 progress note, the applicant reported ongoing, progressively worsening left knee pain. The applicant had issues with lupus superimposed on issues with left knee arthritis. The applicant had significant disability associated with her knee arthritis, it was stated. A total knee replacement surgery was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent Home Health Aide 4-6 Hours: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are indicated to deliver otherwise recommended medical treatment for applicants who are homebound. Homemaker services such as cooking, cleaning, shopping, and assistance with other activities of daily living are specifically excluded when sought as stand-alone services, page 51 of the MTUS Chronic Pain Medical Treatment Guidelines further notes. Here, however, it was not clearly stated what was sought. It was not clearly stated what services the attending provider was requesting. It was not clearly stated whether this request represented postoperative wound care following a planned total knee arthroplasty surgery or whether or not the attending provider was seeking assistance for the applicant in terms of homemaker services, as alleged by the claims administrator. Given the imprecise, open-ended nature of the request and lack of specified treatment duration, the request, as written, cannot be supported. Therefore, the request is not medically necessary.