

Case Number:	CM14-0207429		
Date Assigned:	12/19/2014	Date of Injury:	09/02/2014
Decision Date:	02/11/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/11/2014

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 Internal 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 injured worker (IW) is a 67-year-old woman with a date of injury of September 2, 2014. The mechanism of injury occurred when the IW fell from a height approximately 3 to 5 feet and fell onto a hard floor. The injured worker's working diagnoses are left patella transverse fracture, displaced initially; and constipation. The IW underwent surgery for left fracture patella on September 10, 2014. Pursuant to the follow-up examination dated October 28, 2014, the IW complains of left knee pain and discomfort. The IW has been receiving physical therapy status post-surgery. Examination of the left knee reveals intermittent moderate pain in the left knee aggravated by all weight bearing activity. She has no swelling. There is tenderness to palpation at the medial and lateral joint line. There is no crepitus. The IW is currently taking Morphine for pain. There is no documentation in the medical record that the IW is homebound or bedridden. The treating physician reports that the IW may return to work with restrictions limited to sedentary work. The current request is for assistant at home 3 times a week for 5 weeks, 4 hours per visit, for the left patella fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant at home 3 times a week for 5 weeks, 4 hours per visit, for the left patella fracture:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Home Health care Services.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, assistant at home three times a week for five weeks, four hours per visit or left patella fracture is not medically necessary. Home health services are recommended 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 etc. These services include both medical and nonmedical services for patients were homebound and require one or a combination of the following; skilled nursing care by a licensed medical professional; home health aide services for health-related tasks and assistance with activities of daily living that do not require skills of medical professional such as feeding, bathing, bladder care; and or domestic services such as shopping, cleaning and laundry, etc. In this case, the injured worker's working diagnoses are left patella transverse fracture; surgical repair patella fracture; and constipation. There is no documentation in the medical record the injured worker was homebound or bedridden. The injured worker is not receiving any IV fluids or dressing changes. There is no indication whether or not family is assisting the injured worker. In a November 5, 2014 progress note, the treating physician indicated the injured worker can return to work in a sedentary position. Consequently, absent appropriate clinical documentation to support home assistant, an assistant at home three times a week for five weeks, four hours per visit or left patella fracture is not medically necessary.