

<b>Case Number:</b>	CM14-0207854		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	06/01/2010
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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. 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: Preventive Medicine, Occupational Medicine

### 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 53 year old female, who sustained an industrial injury on 06/01/2010. She reported an injury to the left knee. The injured worker was diagnosed as having osteoarthritis of knee. Treatment to date has included an arthroscopy with meniscectomy and debridement 11/2010 followed by postoperative physical therapy, use of a knee brace and viscosupplementation injections. Currently, the injured worker complains of knee pain rated 8/10, and on 11/11/2014 complained of worsening pain and compensatory low back pain post left knee arthroscopy. She is receiving hydrocodone 10 mg daily, tramadol 150 mg ER twice daily. A left total knee arthroplasty authorization was requested 11/03/2014. On 11/11/2014, Home Health nursing for two times, two sessions for blood draw is also requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health nursing, 2 times; 2 sessions for blood draw: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), Home Health Services.

**Decision rationale:** The Official Disability Guidelines recommend home health services only for recommended medical treatment for patients who are homebound, on a part-time or intermittent basis. 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. The medical record does not contain documentation that the patient requires medical services to be provided at the home. Home health nursing, 2 times; 2 sessions for blood draw is not medically necessary.