

<b>Case Number:</b>	CM14-0209904		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	05/21/2012
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Physical Medicine Rehab, has a subspecialty in Pain 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 is a 60-year-old female with an original industrial injury on May 21, 2012. The mechanism of injury was a slip and fall. The industrial diagnoses include lower leg pain, chronic knee pain, and there is a history of left knee joint manipulation with lysis of adhesions on November 1, 2012. The patient also had an open reduction and internal fixation of the left patella on 5/31/2012. Postoperatively, the patient continued with stiffness of the knee. The disputed request is for home health. A utilization review determination on November 22, 2014 had modified this request to a home health nursing assessment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health nurse, 6 hours a week for 3 weeks:** Upheld

**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:** Regarding the request for home health care, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. The submitted documents do not focus on what the patient's specific needs at home are. Instead there are documents of electrodiagnostic studies and previous operative reports. In the absence of such documentation, the currently requested home health care is not medically necessary.