

Case Number:	CM14-0068934		
Date Assigned:	07/14/2014	Date of Injury:	05/30/2008
Decision Date:	04/08/2015	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/13/2014

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: Physical Medicine & Rehabilitation

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 64 year old male, who sustained an industrial injury on 5/30/2008. The current diagnoses are herniated nucleus pulposus of the lumbar spine, left lower extremity radiculopathy, lateral meniscal tear of the right knee, intractable pain in the bilateral knees, bilateral knee osteoarthritis/degenerative joint disease, and status post left knee medial/lateral meniscectomy in 2009 and 2013. Currently, the injured worker complains of low back pain (7/10), right knee pain (6-7/10), and left knee pain (4-5/10). Additionally, he reports popping, clicking, and giving out of the right knee. Medications prescribed are Norco, Flexeril, Relafen, and Prilosec. The physical examination of the lumbar spine revealed tenderness to palpation with spasm of the paralumbar muscles bilaterally. Range of motion is limited by pain and spasm in all directions. The knee examination reveals tenderness to palpation over the peripatellar region bilaterally. Range of motion is limited by pain bilaterally. There is patellofemoral crepitus noted, right greater than left. Treatment to date has included medications, home exercise program, cortisone injections, and surgery. The injured worker is currently awaiting right knee arthroscopy. The treating physician is requesting home health 6 hours per week for the next 6 weeks, which is now under review. On 5/1/2014, Utilization Review had non-certified a request for home health 6 hours per week for the next 6 weeks. The home health was non-certified based on no documentation that the injured worker is homebound. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health 6 hours per week for the next 6 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 service Page(s): 51.

Decision rationale: This patient presents with low back pain rated as 7/10, right knee pain rated as 6-7/10 and left knee pain rated as 4-5/10. The patient is status post left knee surgeries in 2009 and 2013. The current request is for home health 6/week for 6 weeks. MTUS Guidelines page 51 has the following regarding home service, "recommended only for otherwise recommended medical treatment 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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." The treating physician requested home healthcare, 6 hours per week for the next six weeks, "as the patient reported difficulties with activities of daily living including getting up, ambulating, bathing, cooking, cleaning and medication manage." In this case, the patient is able to participate in a home exercise program and there are no significant physical findings that would require a home healthcare aide. There are no discussions regarding the patient's specific functional needs that would require assistant and the medical justification for the deficits. MTUS recommends home health care assistance for patients that require medical treatment and that are homebound. This request IS NOT medically necessary.