

Case Number:	CM15-0005234		
Date Assigned:	01/16/2015	Date of Injury:	12/19/2002
Decision Date:	03/18/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/09/2015

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 57 year old male, who sustained an industrial injury on 12/19/02. He has reported injury to back, head, neck and right knee. The diagnoses have included post-traumatic headaches, post-concussion syndrome, depression, cognitive impairment, left ptosis, status post right knee arthroscopic surgery, partial meniscectomy and degenerative joint disease of right shoulder, right carpal tunnel syndrome and left knee patellofemoral arthralgia. Treatment to date has included medications, total knee replacement, acupuncture and cortisone injections. Diagnostic studies have included x-rays, (MRI) magnetic resonance imaging and nerve conduction studies. Currently, the IW complains of moderate to severe pain to right knee with numbness and weakness causing multiple falls. Examination on 11/25/14 revealed post-operative changes of lumbar spine, tenderness to palpation over the paravertebral musculature and lumbosacral junction and radicular symptoms on raising the right leg. On 12/29/14 Utilization Review non-certified an unknown prescription for home care, noting the documentation stated he could perform his activities of daily living with use of medication; also guidelines state home care must include skilled care, the request for non-skilled home care. Non- MTUS, ACOEM Guidelines, was cited. On 1/10/15, the injured worker submitted an application for IMR for review of unknown home care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown home care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Medicare Benefits Manual

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

Decision rationale: This patient presents with right knee pain. The treater has asked for UNKNOWN HOME CARE on 10/21/14 . The requesting progress report dated 10/21/14 further specifies request: home care assistance at a frequency of four hours per day, three days per week for six weeks and likely an indefinite basis for cooking, cleaning, personal care and errands. Regarding home health services, MTUS recommends 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, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case, the patient has difficulty ambulating from a chronic pain condition of the righ knee. The requested home care, however, is for homemaker services i.e. cooking, cleaning, personal care, errands which does not constitute medical treatment per MTUS guidelines. MTUS states that medical care does not include homemaker services which this request is for. The request IS NOT medically necessary.