

<b>Case Number:</b>	CM15-0104865		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	01/24/2014
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 49 year old male, who sustained an industrial injury on 01/24/2014. He reported that due to continuous movement in the form of deep bending, stooping, squatting, kneeling, heavy lifting and twisting of the spine that he developed discomfort in the low back and the right knee. He was diagnosed with right knee sprain and synovitis, possible meniscus tear and lumbosacral strain. Treatment to date has included x-rays and MRI of the spine and right knee, medications and physical therapy. According to an initial orthopedic evaluation dated 03/27/2015, chief complaints included low back pain radiating down the left leg with left leg pain, numbness and tingling and right knee pain. Diagnoses included lumbosacral myofascial strain, herniated nucleus pulposus at L4-L5 level, right neural foraminal stenosis, left lower extremity radiculopathy and right knee posterior horn medial meniscus tear. Recommendations included right knee arthroscopy with arthroscopic meniscectomy and referral to a spine surgeon for further evaluation and treatment. According to a supplemental report dated 04/17/2015, the provider was requesting authorization for home health services for the injured worker following his right knee arthroscopy which was scheduled for 04/23/2015. The injured worker lived alone and did not have anyone to help him. The provider noted that he would not be able to perform all the activities of daily living within the first two weeks. Currently under review is the request for home healthcare two hours per day for 2 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health care two hours per day for 2 weeks: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation <http://www.medicare.gov/Publications/Pubs/pdf/10969.pdf>.

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

**Decision rationale:** The California chronic pain medical treatment guideline on home health services states: Home health services; Recommended only for otherwise recommended medical treatment for patients who are Home bound, 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. (CMS, 2004) Home health services are recommended for patients who are home bound. The request is within guideline recommendations and therefore is medically necessary.