

Case Number:	CM15-0138329		
Date Assigned:	07/28/2015	Date of Injury:	04/25/2008
Decision Date:	08/25/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 62-year-old female, who sustained an industrial injury on 4/25/2008. She reported right knee pain due to slipping and falling. Diagnoses have included persistent chondromalacia of the femoral condyle and patellofemoral joint and failure of right unicompartamental knee arthroplasty. Treatment to date has included right knee surgery. The injured worker underwent right knee revision total knee arthroplasty on 7/7/2015. According to the Qualified Medical Re-Evaluation dated 4/27/2015, the injured worker complained of pain in her neck, back, right knee and right hand. She stated that it was difficult to stand and walk. Physical exam revealed tenderness in the sciatic notches and the thoracic area. The injured worker used a cane and stated she could not do a knee bend due to discomfort. There was general tenderness involving the right knee. Authorization was requested for a home health aide four hours a day, seven days a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide 4 hours a day 7 days a week for 6 weeks right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

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

Decision rationale: Home health aide 4 hours a day 7 days a week for 6 weeks right knee are not medically necessary per the MTUS Guidelines. The MTUS states that home health services are 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, 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 documentation does not indicate that this patient is homebound therefore, this request is not medically necessary.