

Case Number:	CM15-0140557		
Date Assigned:	07/30/2015	Date of Injury:	05/04/1992
Decision Date:	08/27/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/20/2015

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: Preventive Medicine, Occupational 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 5-4-92. She reported injury to her knees after a chair slipped. The injured worker was diagnosed as having status post resection of femoral and tibial hinge prosthesis, morbid obesity BMI 66, functional debility, resection of distal femur 6 cm and resection of proximal tibia 6 cm. Treatment to date has included 12 status post knee surgeries due to infected hardware, a right total knee explanation with antibiotic spacer placement on 5-20-15, physical therapy and intravenous therapy. As of the PR2 dated 6-17-15, the injured worker reported being unable to stand full weight and is only standing to transfer to a chair. She is four weeks post-op and is getting home care twice weekly. The treating physician noted that the injured worker has a PICC line for her antibiotics which she will be receiving until 3-7-16. Objective findings include no erythema, a well healed incision anteriorly and a 20 degree equinus contracture. The treating physician requested a home health aide for bathing, changing and activities of daily living x 3 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide for Bathing, Changing, ADLS activities of daily living (visits), Qty 3:
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 Section Page(s): 51.

Decision rationale: The MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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. This request is bathing, changing, and other activities of daily living. These services are not provided for under the established guidelines. The request for home health aide for bathing, changing, ADLS activities of daily living (visits), Qty 3 is determined to not be medically necessary.