

Case Number:	CM15-0144349		
Date Assigned:	08/05/2015	Date of Injury:	06/11/2014
Decision Date:	08/31/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/24/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 51-year-old female who sustained an industrial/work injury on 6-11-14. She reported an initial complaint of right knee pain. The injured worker was diagnosed as having right knee contusion, patellofemoral arthralgia, sprain and possible internal derangement. Treatment to date includes medication, chiropractic therapy, home exercise program, and diagnostics. MRI results were reported on 7-25-14. Currently, the injured worker complained of right knee pain. Per the primary physician's report (PR-2) on 6-23-15, right knee surgery was planned but cancelled due to illness. Exam noted right knee tenderness with palpation over the medial joint line and patellofemoral joint, crepitus is present, McMurray's test is positive. Current plan of care included right knee arthroscopy. The requested treatments include Post Op Home Health Care Assistance 4 hours a day x 7 days/week, later reduced to 4 hours a day x3 days/week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Home Health Care Assistance 4 hours a day x 7 days/week, later reduced to 4 hours a day x 3 days/week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

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

Decision rationale: According to MTUS guidelines, home care assistance is "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. (CMS, 2004)" The patient does not fulfill the requirements mentioned above. There is no documentation that the patient will be homebound after knee surgery. There is no documentation that the patient recommended medical treatment requires home health aide. Therefore, the request for post op home health care assistance 4 hours a day x 7 days/week later reduced to 4 hours a day x 3 days /week is not medically necessary.