

Case Number:	CM15-0145408		
Date Assigned:	08/06/2015	Date of Injury:	04/19/2012
Decision Date:	09/02/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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:

This injured worker is a 64 year old female who reported an industrial injury 4-19-2012. Her diagnoses, and or impression, were noted to include: under-surface and degenerative tearing of both medial menisci, with grade-3 trochlear cartilage changes. Recent magnetic imaging studies of the bilateral knees were done on 3-26-2015. Her treatments were noted to include consultations and diagnostic studies. The progress notes of 5-4-2015 reported presenting for review of magnetic resonance imaging studies of the bilateral knees, and complaints of continued pain with weight-bearing, squatting, stooping and attempted kneeling; along with intermittent swelling and slight catching of her knees. Objective findings were noted to include medial left knee joint line tenderness and lateral patellar facet tenderness; decreased right knee range-of motion with medial joint line tenderness and lateral patellar facet tenderness; as well as abnormal findings on new magnetic resonance imaging studies. The physician's requests for treatments were noted to include knee surgery with related equipment and post-operative services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care 8 Hours/Day for 7 Days A Week for 6-8 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services, page 52.

Decision rationale: MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. There is no documentation of whether the patient is homebound or what specific deficient performance is evident in activities of daily living. Exam indicated tenderness and decreased range; however, has no clear neurological deficits. The Home Health Care 8 Hours/Day for 7 Days a Week for 6-8 Weeks is not medically necessary and appropriate.