

Case Number:	CM15-0166293		
Date Assigned:	09/04/2015	Date of Injury:	05/31/2014
Decision Date:	10/07/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/24/2015

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: 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 female, who sustained an industrial injury on 5-31-2014. The mechanism of injury was being pushed to the ground by two detainees. The injured worker was diagnosed as status post right knee arthroscopy, recurrent right knee meniscal tear, lumbar 4-5 right foraminal disc protrusion and right wrist soft tissue ganglion cyst. A recent progress report dated 7-10-2015, reported the injured worker complained of pain in the low back-rated 6-8 out of 10, right wrist pain rated 7-8 out of 10 and right knee pain rated 6 out of 10. These complaints have been present since at least January 2015. The injured worker complains of difficulty with activities of daily living due to inability to stand for long periods, inability to put on shoes and inability to cut food. Physical examination revealed tenderness and decreased range of motion to the lumbar spine, right wrist tenderness with decreased grip strength -4 out of 5 and slight decreased-but improved right knee range of motion. Radiology studies were mentioned in the progress note with the following results: recurrent right knee meniscal tear from magnetic resonance imaging dated 8-6-2014, lumbar 4-5 right foraminal disc protrusion from magnetic resonance imaging dated 10-9-2014 and right wrist soft tissue ganglion cyst from magnetic resonance imaging dated 10-9-2014. Treatment to date has included surgery, physical therapy and Kera-Tek gel and Norco. On 7-21-2015, the Request for Authorization requested home health care 4 hours per day for 4 days per week. On 7-29-2015, the Utilization Review modified the request to home health care 2 hours a day for 7 days a week, citing MTUS Home Health Service guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 4 hours per day, 4 days a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: The California MTUS section on home health states: 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 is not home bound either permanently or on an intermittent basis and therefore the request is not medically necessary.