

Case Number:	CM15-0190179		
Date Assigned:	10/02/2015	Date of Injury:	11/06/1997
Decision Date:	11/13/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/28/2015

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: Texas, Illinois

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 77 year old female, who sustained an industrial injury on 11-06-1997. She has reported subsequent neck, low back and bilateral knee pain and was diagnosed with right and left knee open reduction internal fixation, probable osteoarthritis of the knees, chronic low back pain and cervical pain. Treatment to date has included pain medication and chiropractic therapy, which were noted to have failed to significantly relieve the pain. In a progress note dated 04-29-2015, the injured worker reported continued low back and right knee pain with worsening pain following chiropractic therapy. The injured worker also reported increased difficulty with cleaning and daily household activities and requested home help to assist with these activities. The treatment plan was to continue oral and topical pain medication, chiropractic therapy and a Tempur-Pedic mattress. In a 06-23-2015 progress note the injured worker reported increased bilateral lower extremity edema and continued sleep difficulties. There was no mention of pain or whether chiropractic therapy was helpful at relieving pain or whether Tempur-Pedic mattress was authorized. The physician recommended pool therapy and a Pedi-cycle as recommended by chiropractor and recommended home health help for activities of daily living. In a progress note dated 07-21-2015, the injured worker reported increased right knee pain with increased edema in the lower extremities and increased low back pain with standing or sitting for greater than 10 minutes. Aqua therapy that had been recommended was noted as being denied. The injured worker reported to continue to have difficulty sleeping despite use of Trazodone. Objective examination findings revealed ambulation with a rolling walker with a slow, steady gait, 2+ lower extremity pitting edema bilaterally, 4 out of 5 strength

in the bilateral lower extremities due to pain and weakness, tenderness of the right knee lateral joint line and left medial joint line on palpation and crepitance bilaterally at the knee joint with flexion and extension. The physician recommended aqua therapy, medications, compression hose and home health up to 10 hours a week for assistance with daily activities of cleaning, household chores and self-care as needed. Work status was documented as permanent and stationary. A request for authorization of home health aide up to 10 hour a week to assist with daily activities, cleaning, secondary to limited mobility and chronic pain condition was submitted. As per the 09-23-2015 utilization review, the request for home health aide up to 10 hour a week to assist with daily activities, cleaning, secondary to limited mobility and chronic pain condition was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide up to 10 hour a week to assist with daily activities, cleaning, secondary to limited mobility and chronic pain condition: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, Low Back - Lumbar & Thoracic (acute & chronic) (updated 07/17/2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Home health services.

Decision rationale: The injured worker sustained a work related injury on 11-06-1997. The medical records provided indicate the diagnosis of right and left knee open reduction internal fixation, probable osteoarthritis of the knees, chronic low back pain and cervical pain. Treatment to date has included pain medication and chiropractic therapy, which were noted to have failed to significantly relieve the pain. The medical records provided for review do not indicate a medical necessity for Home health aide up to 10 hour a week to assist with daily activities, cleaning, secondary to limited mobility and chronic pain condition. The MTUS recommends home health services 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 Official Guidelines' Justification for medical necessity of Home health services includes documentation of: (1) The medical condition that necessitates home health services, including objective deficits in function and the specific activities precluded by such deficits; & (2) The level of expertise and/or professional qualification or licensure required to provide the services. Homebound is defined as "confined to the home." To be homebound means: The individual has trouble leaving the home without help (e.g., using a cane, wheelchair, walker, or crutches; special transportation; or help from another person) because of the occupational illness or injury OR Leaving the home isn't recommended because of the occupational illness or injury and the individual is normally unable to leave home and leaving home is a major effort. Therefore, the requested care is not medically necessary since the injured worker does not fall into the category.