

<b>Case Number:</b>	CM15-0190328		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California, Massachusetts

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 60 year old female, who sustained an industrial injury on 05-28-2013. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for status post subtotal medial meniscectomy and osteochondral shave to left knee, bilateral knee arthroscopy with degenerative joint disease, cervicgia, and increasing lumbar pain. Treatment and diagnostics to date has included right knee MRI, knee surgeries (most recent being right total knee arthroplasty on 08-21-2015), Synvisc injections, pool therapy, and medications. After review of progress notes dated 06-12-2015 and 06-29-2015, the injured worker reported ongoing knee pain. Objective findings included tenderness at the bilateral knee joint line, pain with terminal flexion, and swelling of the right knee. The Utilization Review with a decision date of 09-18-2015 non-certified the request for home attendant care 4 hours a day, 7 days a week x 2 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Attendant care 4 hours a day, seven days a week for two weeks for assistance with bathing, housekeeping, laundry, errands, shopping:** 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:** According to CA MTUS, home health services 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)" Based on these recommendations the requested services go beyond the scope of home health services and is not considered medically necessary at this time.