

<b>Case Number:</b>	CM15-0203065		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	01/04/2011
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 57 year old male, who sustained an industrial injury on 01-04-2011. A review of the medical records indicates that the worker is undergoing treatment for left knee multiple meniscus tears status post arthroscopies, left knee post-traumatic osteoarthritis, status post total knee replacement and residual painful, unstable left knee. X-ray of the left knee on 06-22-2015 was noted to show well placed total knee arthroplasty with circumferential radiolucency surrounding tibial implant concerning for loosening. Subjective complaints (06-01-2015, 07-06-2015, 08-17-2015) included persistent worsening left knee pain. Objective findings (06-01-2015 and 07-06-2015) showed tenderness to the anterior aspect and medial and lateral joint lines of the left knee with crepitus with range of motion, slight instability with varus and valgus stress, mild effusion and range of motion to 110 degrees of flexion, 0 degrees of extension. Objective findings (08-17-2015) included effusion of the left knee, diffuse tenderness to palpation of the proximal tibia, moderate instability to varus-valgus and drawer stress and range of motion of 0-95 degrees with pain. Treatment has included Norco, Diclofenac, physical therapy, left total knee arthroplasty and multiple left knee arthroscopies. The physician recommended a left total knee revision arthroplasty. A request for an in-home support aide was requested with no rationale given for the request. A utilization review dated 09-10-2015 non-certified a request for in home support aide 3 hours a day 3 times a week for 3 weeks. Of note, the revision left total knee arthroplasty was approved at utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In home support aide 3 hours a day 3 times a week for 3 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Left: Home health services.

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

**Decision rationale:** California MTUS chronic pain medical treatment guidelines recommend 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 request as stated is for a home health aide for 3 weeks after a revision total knee arthroplasty. There is no documentation indicating that the injured worker will be homebound for 3 weeks. Furthermore, the guidelines do not support home health aide services. As such, the request for a home health aide is not supported and the medical necessity of the request has not been substantiated.