

<b>Case Number:</b>	CM15-0210104		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	02/26/2014
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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:

The injured worker is a 54 year old female, who sustained an industrial injury on February 26, 2014. The injured worker was diagnosed as having medial meniscus tear, effusion, popliteal cyst, mild soft tissue edema over patellar tendon, status post right knee arthroscopy with partial medial meniscectomy on June 04, 2014, and right knee medial meniscus tear. Treatment and diagnostic studies to date has included magnetic resonance imaging of the right knee, above noted procedure, and medication regimen. In a progress note dated July 08, 2015 the treating physician reports complaints of pain to the right knee with swelling. Examination performed on June 24, 2015 was revealing for "mild" effusion and "moderate", medial joint line tenderness, and decreased range of motion to the bilateral knees. On June 24, 2015 the treating physician noted that the injured worker would "require surgery in the form of right knee arthroscopy and partial meniscectomy of the medial meniscus remnant." The treating physician requested home health aide 3 hours a day for 2 weeks following surgery, but did not indicate the specific reason for the requested service. On October 01, 2015 the Utilization Review denied the request for home health aide 3 hours a day for 2 weeks following surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health aide 3 hours a day for 2 weeks following surgery: Upheld**

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

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

**Decision rationale:** The patient presents with pain in her right knee as well as pain in her lower back. The request is for Home health aide 3 hours a day for 2 weeks following surgery. The request for authorization form is not provided. The patient is status post right knee arthroscopic surgery with partial meniscectomy medial and lateral meniscus and chondroplasty medial and lateral tibial plateau with the synovectomy, 10/01/14. MRI of the right knee, 10/21/14, showed evidence of multiple horizontal fissure tears of the posterior horn of the medial meniscus, a joint effusion and chondromalacia changes of the medial femoral condyle and medial tibial plateau. Physical examination of the right knee reveals persistent tenderness over the medial joint line and the knee remains slightly warm to the touch with a small effusion. There is mild patellofemoral crepitation as well. The patient's incisions are healing and the sutures are removed. The patient has a range of motion from the full extension through 110 degrees of flexion. MTUS Guidelines, Home Service Section, page 51, states, "Recommended only for otherwise recommended medical treatments for patients who are home bound 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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." Treater does not specifically discuss the request. In this case, there is no documentation as to why the patient is unable to perform self-care and it does not appear the patient is homebound. Without adequate diagnostic support for the needed self care such as loss of function of a limb or mobility, the request for home health care would not be indicated. Also, MTUS guidelines are clear that home health care is for medical treatment only and does not include homemaker services. There is no documentation found in the reports provided that the patient requires medical treatment at home. MTUS recommends up to 35 hours per week for home service. However, the guidelines specifically states medical treatment does not include homemaker services like "cleaning." Therefore, the request is not medically necessary.