

<b>Case Number:</b>	CM15-0212334		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	10/30/1997
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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: Florida

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 73 year old female, who sustained an industrial injury on October 30, 1997. The injured worker was diagnosed as having status post left knee contusion with sprain with severe medial compartment degenerative joint disease with spur and patellofemoral degenerative joint disease with spur per x-rays, status post two arthroscopic surgeries on September 05, 2002, status post left total knee replacement on June 24, 2013, and osteopenia with calcification posteriorly per x-rays on June 11, 2014. Treatment and diagnostic studies to date has included magnetic resonance imaging of the left shoulder, status post left total knee replacement, status post left shoulder surgery, x-rays to the left knee on April 08, 2009 and on June 11, 2014, home exercise program, and medication regimen. In a progress note dated September 16, 2015 the treating physician reports complaints of pain and stiffness to the neck along with pain to the left shoulder and knee. Examination performed on September 16, 2015 was revealing pain, stiffness, and intermittent swelling to the medial region of the left knee, tenderness to the medial greater than the lateral joint lines and to the patellar region, decreased range of motion to the left knee, tenderness to the periscapular region, trapezius muscles, subacromial region, and the acromioclavicular joint, positive impingement testing of the left shoulder, decreased range of motion to the left shoulder, and muscle weakness to the left shoulder. The injured worker's medication regimen on September 16, 2015 and August 05, 2015 included Tylenol Number 3, Cymbalta, Xanax, Ambien, and low dose Aspirin. The injured worker's pain level on September 16, 2015 and August 05, 2015 was rated a 9 out of 10 without the use of her medication regimen and rated the pain a 5 out of 10 with the use of her medication

regimen along with noting that the injured worker has "improved participation in home exercise program" and noted that she is "better able to do", but did not include the activities that she is able to perform with the use of her medication regimen. The progress note from August 05, 2015 indicated that the injured worker "continues to require home health care assistance", but did not indicate specifically if the injured worker has received any prior home health care. The treating physician noted on September 16, 2015 that the injured worker "needs home care due to pain in the left shoulder and knee that was noted to increase with household chores." The treating physician also noted that the injured worker "needs transportation assistance due to medication use and she is unable to drive safely." On September 16, 2015 the treating physician requested home health assistance 3 hours per day with a quantity of 30 visits for house cleaning including sweeping, vacuuming, and cleaning the bathroom and transportation to and from medical appointments. On October 12, 2015 the Utilization Review determined the requests for home health assistance 3 hours per day with a quantity of 30 visits and transportation to and from medical appointments to be non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Home health assistance 3 hours per day, quantity: 30 visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev.144, 05-06-11), Chapter 7-Home Health Services; Section 50.2 (Home Health Aide Services).

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

**Decision rationale:** MTUS guidelines states that 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)" Per this request home health services is being requested for "sweeping, vacuuming, and cleaning the bathroom." Home health services is not a maid service. This request is not considered medically necessary.

**Transportation to and from medical appointments:** 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 & Leg (Acute & Chronic), Transportation (to & from appointments). (2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, Acute and chronic. Transportation (to & from appointments.) ODG Online edition 2015.

**Decision rationale:** MTUS and ACEOM guidelines do not address transportation needs. Therefore, the ODG was referenced. The ODG states that transportation is "recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self transport...Note: This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care." The provided medical records do not indicate that this patient is at a nursing home level of care. Likewise, this request is not considered medically necessary.