

Case Number:	CM15-0215425		
Date Assigned:	11/05/2015	Date of Injury:	10/02/2008
Decision Date:	12/24/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/02/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 61 year old male with a date of injury on 10-02-2008. The injured worker is undergoing treatment for right knee sepsis, status post incision and drainage, chronic pain syndrome secondary to compression fracture, hypertension, and atrial fibrillation. A physician progress note dated 10-20-2015 documents the injured worker was admitted to the hospital then to an acute inpatient rehabilitative center on 10-03-2015 for right septic knee and intravenous antibiotic regimen for 4 more weeks. He needs assistance with most activities of daily living, including bathing and dressing and toileting, ambulation, transfers. In a note dated 10-22-2015 it is documented the injured worker will continue on IV Ceftriaxone daily for 4 weeks. A wheelchair and a wide front wheeled walker and hospital bed were ordered along with home health services. A physical therapy note dated 10-22-2015 documents he can ambulate 150 feet using a front wheeled walker with constant assistance for gait and right knee buckling prevention. He is also using a pelvic binder and bilateral knee braces. He requires moderate assistance with lower body dressing, toileting, and shower stall transfer ability. He rates his pain as 5 out of 10. He needs assistance with bathing and dressing and maximum assistance with toileting. He was discharged on 10-23-2015 and is to have RN daily for administration of Intravenous antibiotics and continued Peripherally Inserted Central Catheter line care. His wife is disabled and unable to care for the injured worker. Treatment to date has included diagnostic studies, medications, surgery, physical therapy, status post 3 right knee surgeries-last right knee surgery done on 08-11-2015-arthrotomy of the right knee with a partial pallectomy a quadriceps tendon repair utilizing a Fiber Wire and removal of loose bodies, a complete synovectomy,

fluoroscopic assisted arthroscopy with intraarticular injection of the right knee. On 10-02-2015 he had an I&D of the right knee. He needs assistance with bathing and dressing and maximum assistance with toileting. With ambulation he needs minimal to moderate assistance. Current medications include Protonix, Zofran, an antacid, Baclofen, Dilaudid, Gabapentin, Lovenox, Zolpidem, and IV antibiotics. The Request for Authorization dated 10-26-2015 includes caregiver for 10 hours a day for 30 days. On 10-27-2015 Utilization Review modified the request for Caregiver 10 hours per day quantity 30 days to Caregiver 10 hours per day quantity 15 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caregiver 10 hours per day quantity 30 days: 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: According to the MTUS, Home health services are 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. In this case the requested services are for 10 hours a day for 30 days. This would exceed the amount of time recommended per the MTUS, 35 hours per week. The 10 hours daily for 30 days is not medically necessary.