

Case Number:	CM15-0220933		
Date Assigned:	11/16/2015	Date of Injury:	10/24/2001
Decision Date:	12/31/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/10/2015

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: Texas, New York, California
 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 applicant is a represented 66-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 24, 2001. In a Utilization Review report dated October 28, 2015, the claims administrator failed to approve a request for home health care. The claims administrator referenced an October 20, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said October 20, 2015 office visit, the applicant reported ongoing issues with knee pain status post a recent total knee arthroplasty on October 8, 2015. The treating provider stated that the applicant needed assistance with ambulation and assistance with activities of daily living in the immediate aftermath of the total knee arthroplasty procedure. The applicant was asked to follow up in one week for suture removal. The applicant's wife was apparently helping to some extent postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health assistance, activities of daily living assistance, 3 hours daily 5 days per week for 2 weeks, 30 hours: Overturned

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Home health services.

Decision rationale: Yes, the request for home health assistance to facilitate performance of activities of daily living postoperatively for three hours a day, five days a week and a total of 2 weeks for a grand total of 30 hours was medically necessary, medically appropriate, and indicated here. While page 51 of the MTUS Chronic Pain Medical Treatment Guidelines states that home health services are only recommended to deliver otherwise recommended medical treatment to applicants who are home bound and further notes that medical treatment does not include the assistance with activities of daily living at issue here, this recommendation is, however, contravened by a more updated Medical Treatment Guidelines (MTG) in the form of ODG's Chronic Pain Chapter Home Health Services topic which notes that home health services are recommended on short-term basis following major surgical procedures. Here, the home health services at issue were sought in the aftermath of the applicant's recent total knee arthroplasty surgery of October 8, 2015. Temporary provision of a home health aide to facilitate performance of activities of daily living postoperatively was, thus, indicated in the aftermath of said major knee surgery. Therefore, the request is medically necessary.