

<b>Case Number:</b>	CM15-0033052		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	06/07/2010
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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, California  
 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 63 year old female with an industrial injury dated 06/07/2010. The mechanism of injury is documented as getting her foot tangled on a cable causing her to fall with injury to right knee. She presents on 01/13/2015 with right knee pain rated as 5/5. She has difficulty standing, sitting and walking for long periods of time. She affirms clicking and popping of the knee. The provider documents the symptoms have worsened and were not relieved by conservative treatments. Physical exam of the right knee revealed severe tenderness on the medial, lateral and patellofemoral joint lines. A large effusion is present. Range of motion is 0 degrees extension, to 85 degrees flexion with guarding and crepitus. Prior treatments included physical therapy, viscous supplementation injections, cortisone injection, non-steroidal anti-inflammatory drugs, pain medications, ice/heat and bracing. X-rays revealed joint space narrowing, subchondral sclerosis and osteophyte formation affecting all three compartments of the knee. Diagnosis was end stage right knee osteoarthritis. The provider was recommending surgery. On 01/29/2015 the request for in home RN for medication intake and vitals 2 times 2 weeks post-operatively was non-certified. MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In-home RN for medication intake and vitals 2x2 weeks post-operatively:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines home health Page(s): 51.

**Decision rationale:** 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 claimant did not have her surgery yet. There was no indication the claimant cannot take her own medications. There is no indication to take routine vitals at home. There is no indication that the claimant cannot check her own temperature. The request for home health for vitals and medication intake is not medically necessary.