

Case Number:	CM15-0037338		
Date Assigned:	03/05/2015	Date of Injury:	11/12/2002
Decision Date:	04/16/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/27/2015

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 45-year-old female, who sustained an industrial injury on 11/12/2002. The diagnoses have included osteoarthritis, unspecified whether generalized or localized, lower leg and pain in joint, lower leg. Treatment to date has included physical therapy and med. The injured worker underwent arthrotomy of the left knee on 1/20/2015. According to the Primary Treating Physician's Progress Report dated 2/5/2015, the injured worker was seen for the initial postoperative exam of her left knee. She stated that she had continued pain and also stiffness at night. She reported using the continuous passive motion machine and was doing her own stretches. Physical exam revealed swelling with stiffness, limited range of motion and a limping ambulation. X-rays were taken of the left knee and showed no increase of osteoarthritis. Authorization was requested for a home health aide for four hours a day for seven days for four weeks to help with activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health Aide 4 hrs, 7 days a week, for 4 weeks: 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 services Page(s): 51.

Decision rationale: Based on the 2/5/15 progress report provided by the treating physician, this patient presents with left knee pain and stiffness at night, with pain rated 7/10 on VAS scale. The provider has asked for on 2/5/15, "to help patient with daily living activities, such as light cleaning, laundry, shopping, etc." The patient's diagnosis per Request for Authorization form dated 1/26/15 is s/p left arthrotomy. The patient is s/p arthrotomy of the left knee from 1/20/15, after which patient continues to use CPM machine and does a home stretching program per 2/5/15 report. The patient has not had prior physical therapy, and has continued swelling, stiffness, and limping ambulation per 2/5/15 report. The patient is currently not working, and is to stay off work until 3/30/15. Chronic Pain Medical Treatment Guidelines, pg 51, regarding Home health services states: "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)." Regarding home health services, MTUS recommends 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 patient has difficulty ambulating from being 2 weeks s/p left knee surgery. The requested home care, however, is for homemaker services, i.e. light cleaning, laundry, shopping, as stated by the provider, which does not constitute medical treatment per MTUS guidelines. MTUS states that medical care does not include homemaker services, which this request is for. The request is not medically necessary.