MAXIMUS Federal Services

Case Number:	CM15-0042429		
Date Assigned:	03/12/2015	Date of Injury:	08/26/2009
Decision Date:	04/22/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/06/2015

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 65 year old female, who sustained an industrial injury on 8/26/09. She has reported low back and left knee injury after losing her balance and falling to the ground. The diagnoses have included joint pain of left leg, internal derangement left knee, left ankle sprain, lumbar/lumbosacral degenerative disc disease (DDD), lumbosacral spondylosis, and osteoarthritis of the left leg. Treatment to date has included medications, diagnostics, bracing, walker, physical therapy, conservative measures, cortisone injections with some pain relief, and Home Exercise Program (HEP). Surgery has included left knee arthroscopy in 2009 and Total Knee Replacement (TKR) in June 2011. Currently, as per the physician progress note dated 1/21/15, the injured worker complains of chronic left knee pain, left leg weakness and numbness and lumbar pain. She has frequent falls due to left leg weakness and has injured the left ankle and uses a cane or walker for ambulation. She also had a fall 10/21/13 with severe head and neck injury with neurosurgery and implanted V-P shunt valve. She continues to have increased left knee and low back pain and is asking about repeat left knee injection as the previous injection has given her lasting benefit. She also reports worsening numbness, tingling and pain in the left leg and toes. Physical exam revealed decompensated abnormal posture, decreased strength in the left lower extremity, decreased sensation left L4, L5 and S1, decreased reflexes, and left lower quad and calf atrophy. The left ankle exam revealed tenderness and painful limited range of motion. The left knee exam revealed tenderness, limited range of motion, and mild swelling. She has not yet been authorized for ongoing home care as recommended. She has been authorized for evaluation for consideration of stairway lift chair and she is awaiting neurological

consult. The Treatment Plan included follow up in 6 weeks, medications, neurology, in-home/home health assistance 5 days per week 5 hours per day, psychiatric care, Magnetic Resonance Imaging (MRI) left knee and left knee cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

In home/home health assistance 5 days per week, 5 hours per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

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

Decision rationale: The patient presents with left leg, lumbar spine, and left knee pain. The patient is status post TKR from 2011 and status post left knee A/OA from 2009. The physician is requesting IN-HOME/HOME HEALTH ASSISTANCE FIVE DAYS PER WEEK FIVE HOURS PER DAY. The RFA from 01/26/2015 shows a request for in-home/home health assistance five days per week five hours per day. The patient's date of injury is from 08/26/2009 and she is currently temporarily totally disabled. The MTUS Guidelines page 51 on home health services, recommends this service 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, laundering, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The medical records show that the patient has had Home health services in the past. However, the number of treatments was not documented. The 01/21/2015 progress report shows that the patient is "homebound." She has had persistent limitations ever since 2012. The patient does have periodic left knee intra-articular cortisone injections for flare ups and routinely reports greater than 70% relief with pain and swelling for 5 to 6 months allowing for increased mobility. The last was from 08/12/2014. Due to frequent falls as a result of left leg weakness, she injured her left ankle and experiences flare ups occasionally. She uses a cane or walker for support. The patient states that she is unable to perform activities of daily living due to her disability. Straight leg raise is positive on the left. Heel and toe walking is abnormal. Posture is abnormal. There is decreased strength in the left lower extremity. Sensation is decreased on the left L4, L5, and S1 dermatome. Range of motion is painful and limited in the left ankle. There is a healing abrasion on the anterior knee, and some mild swelling but no signs of infection. The physician is requesting in home/health assistance for housekeeping, shopping, laundry, etc. as per QME by [redacted] In this case, medical treatment does not include homemaker services like shopping, cleaning, and laundry service. Furthermore, the duration of treatment was not provided. The request IS NOT medically necessary.