

Case Number:	CM15-0042785		
Date Assigned:	03/12/2015	Date of Injury:	05/21/2012
Decision Date:	04/17/2015	UR Denial Date:	02/07/2015
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: Utah, Arkansas

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 60-year-old male who sustained a work related injury on May 21, 2012, slipped and fell injuring her left knee cap. She was diagnosed with a patella fracture. She underwent manipulation under anesthesia, Open Reduction and Internal Fixation (ORIF) of the patella, and then developed arthrofibrosis and a painful and stiff knee. She then underwent more knee surgery. Treatment included physical therapy, a walker for ambulation and Home Health. Currently, the injured worker independent with activities of daily living (ADLs) and was able to walk and live alone but required a walker for balance. The current treatment plan requested was for authorization for additional Home Health, six hours a week times four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Home Health Case, 6 hours per week over 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health, Page 51.

Decision rationale: The request is for Home health care. MTUS guidelines state the following: Home health services: 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). According to the clinical documentation provided. The patient does not meet requirement for home health. Home Health-care is not indicated as a medical necessity to the patient at this time.