

Case Number:	CM15-0047759		
Date Assigned:	03/19/2015	Date of Injury:	09/01/2010
Decision Date:	04/24/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/13/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 73 year old female patient, who sustained an industrial injury on 09/01/2010. A primary treating office visit dated 12/04/2014, reported the patient seeing her own primary care for medical treatment; still not ready for knee surgery. The patient uses a cane and has no change since last visit. The following diagnoses are applied: osteoarthritis of the knee, tetanus neonatorum and cervical spondylosis. The plan of care involved needing bilateral knee replacements, but not medically cleared as of yet. The patient is also in need of an attendant at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Attendant 3 Hours a Day 7 Days/Week X 6 Months Qty: 6.00: Upheld

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

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

Decision rationale: This 73 year old female patient has complained of knee pain since date of injury 9/1/10. She has been treated with physical therapy and medications. The current request is for Home Attendant 3 Hours a Day 7 Days/Week X 6 Months Qty: 6.00. Per the MTUS guidelines cited above, home health services are recommended only for otherwise recommended medical treatment for patients who are homebound. Medical treatment does not include homemaker services (shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom) as this patient is currently requesting. On the basis of the available medical records and above cited MTUS guidelines, the request for Home Attendant 3 Hours a Day 7 Days/Week X 6 Months Qty: 6.00 is not medically necessary.