

Case Number:	CM15-0242086		
Date Assigned:	12/21/2015	Date of Injury:	08/04/2014
Decision Date:	01/28/2016	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	12/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 66 year old male, who sustained an industrial injury on 8-4-2014. Medical records indicate the worker is undergoing treatment for degenerative joint disease of both knees and lumbago. A recent progress report dated 10-30-2015, reported the injured worker complained of knee pain not improving and having great difficulty with activities of daily living. Physical examination revealed positive patellar grind and antalgic gait. Radiology studies on this date showed varus deformity and bone on bone. Treatment to date has included physical therapy and medication management. On 10-30-2015, the Request for Authorization requested home health 2 per month for 2 hour sessions. On 11-12-2015, the Utilization Review noncertified the request for home health 2 per month for 2 hour sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health twice (2) per month, two (2) hours per session: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Home health services.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in August 2014 while working as a survey tech and continues to be treated for low back and bilateral knee pain. In August 2015 he was having great difficulty dressing himself including donning of his socks and shoes. He was able to shop for light groceries and perform light housework. He was only driving for short distances. When seen in November 2015 he stated that his knees were not improving. He was having great difficulty with activities of daily living. Physical examination findings included positive patellar grind testing bilaterally. There was an antalgic gait. X-rays showed findings of advanced knee osteoarthritis. His body mass index is 39. The assessment references the claimant as needing a cane and home health care. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. 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 continues to be treated on an outpatient basis and is not home bound. When requested, he was not using an assistive device and a cane was recommended. The frequency being requested is not consistent with more than services such as cleaning or grocery shopping. And occupational assessment for adaptive equipment to help with lower body activities of daily living could be considered. The requested home health services are not medically necessary.