

Case Number:	CM13-0044823		
Date Assigned:	12/27/2013	Date of Injury:	07/17/2000
Decision Date:	09/19/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/29/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55 year old female who was injured on 07/17/2010. The mechanism of injury is unknown. Prior treatment history has included physical therapy. The patient underwent a right total knee replacement on 07/26/2013. Ortho note dated 09/16/2013 documented the patient to have complaints of left shoulder pain secondary to using a cane. Her low back is also painful and aggravated by cane use. She rated her pain as 8/10. The pain is worse when walking and she also reports cracking in her back and pain radiating to her right knee. She stated Flector patches help her low back pain. The patient also complains of right knee pain rated as 6-7/10. Prolonged walking increases her pain. She complained of tightness and pulling up and down her leg. She ambulates with a cane. She stated therapy is helping the pain but even therapy is painful. On exam, there is tenderness to palpation noted over the shoulder. Range of motion of the shoulder is decreased. Range of motion of the right knee revealed flexion is 72 degrees; extension lacks 10 degrees of full extension; ligamentous examination revealed no medial laxity. There is slight lateral laxity noted. Diagnoses are left shoulder pain secondary to cane use; low back pain secondary to her limping and status post right total knee replacement. The patient has been recommended for a home health aide for 4 hours, 3 times a week to help with housework and cleaning. Prior utilization review dated 10/21/2013 states the request for Home Health Aide 4hrs 3xwk To Help with Housework and Cleaning X3 Months is certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE 4HRS 3XWK TO HELP WITH HOUSEWORK AND CLEANING X3 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Home health services.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines and ODG, Home health services is recommended only for patients who are homebound, on part time or "intermittent" basis, generally for no more than 35 hours per week. There is no supporting documentation that this patient is homebound and has not had a home health evaluation which has been authorized. Therefore, this service is not medically necessary at this time.