

<b>Case Number:</b>	CM14-0123842		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	02/22/2012
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Internal Medicine and is licensed to practice in New York. 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:

This is a 55 year old male who suffered an industrial related injury on 2/22/12. The treating physician's report dated 3/3/14 noted the injured worker underwent an anterior cruciate ligament reconstruction, partial medial and partial lateral meniscectomy on 4/12/12. The treating physician noted despite the surgery and post-operative rehabilitation the injured worker had ongoing left knee swelling, locking, clicking, and a giving way sensation. A MRI done 2/26/13 revealed a left medial meniscus re-tear, a tear on the popliteus tendon, and on the femoral origin there was a partial tear. The treating physician's report dated 12/13/13 noted the injured worker had been treated conservatively with anti-inflammatory and analgesic medications, acupuncture treatment, as well as supervised modalities and exercise but did not experience any lasting symptomatic relief. The treating physician's report dated 4/2/14 noted the injured worker was an excellent candidate for arthroscopic left partial meniscectomy, chondroplasty and debridement. The physician noted the injured worker would likely require three months of recovery following surgery before reaching the maximum medical benefit from orthopedic treatment. On 7/7/14, the utilization review (UR) physician denied the request for a home healthcare assistant for 2 weeks 3 hours per day. The UR physician noted there was limited information regarding the injured worker's current functional status to serve as a basis for provision of a home health assistant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health care assistant for two weeks, three hours a day: 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.

**Decision rationale:** The review of the medical documentation does not indicate that the patient is homebound. Per California MTUS, home health services are recommended 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 such as 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. The treating provider has not specified any specific skilled care needs required for the patient and the requested service is not medically necessary.