

Case Number:	CM14-0129176		
Date Assigned:	08/18/2014	Date of Injury:	08/01/2013
Decision Date:	10/30/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/13/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical Records reflect the claimant is a 44 year old male who sustained a work injury on 8-1-13. The claimant underwent a right knee arthroscopy on 1-29-14 and repeat arthroscopy was authorized. Office visit on 7-23-14 notes the claimant was seen for preoperative evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Medicare & Medicaid Services, CMS Publication No. 10969 (Revised September 2007) page three

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health aid Page(s): 51. Decision based on Non-MTUS Citation pain chapter - home health aid

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that home health services are 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. Medical Records reflect this claimant is able to ambulate. He was scheduled to undergo knee surgery. However, there is an absence in documentation noting that this claimant would be homebound. There is an absence in documentation noting that his condition would require a home health aid. Therefore, the medical necessity of this request is not established.