

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0141117 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 02/18/2010 |
| Decision Date: | 10/31/2014 | UR Denial Date: | 07/30/2014 |
| Priority: | Standard | Application Received: | 09/02/2014 |

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, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 injured worker is a 47-year-old individual with an original date of injury of February 18, 2010. The original mechanism of injury occurred when the patient was walking down a narrow hallway carrying a motor and turned to the side, and forcefully struck the left knee on the edge of a metal cart. The patient experience immediate knee pain and give way sensation. Diagnostic imaging of the knee included an MRI on July 15, 2014, which documented cartilage damage. The patient had undergone left knee arthroscopy in June 2010, and then had left knee surgery on January 2013. The disputed issue is a request for home health services. This was denied in a utilization review determination on July 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health assistance: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines Page 51, Home health services reference: "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. (CMS, 2004)" Regarding the request for home health care, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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 the case of this injured worker, the progress note from date of service July 15, 2014 has documentation that the injured worker has difficulty in activities of daily living. However there is no medical need demonstrated for home care such as skilled nursing or physiotherapy. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. In the absence of such documentation, the currently requested home health care is not medically necessary.