

Case Number:	CM14-0142290		
Date Assigned:	09/10/2014	Date of Injury:	07/21/2007
Decision Date:	10/30/2014	UR Denial Date:	07/29/2014
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 and is licensed to practice in Illinois. 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 57-year-old female with a reported injury on 05/08/2010. The mechanism of injury was not listed in the records. The diagnoses included internal derangement and obesity, nonindustrial. The past treatments included pain medication, physical therapy and surgical interventions. The surgical history included a left ACL reconstruction in 2002, left knee arthroscopy surgery in 2007, right knee replacement in 11/2011, and left total knee replacement 05/2012. There was no diagnostic imaging submitted for review. The subjective complaints on 03/06/2014 included pain and instability in the right knee. The physical exam findings noted limitations to activities of daily living are as follows: self care and personal hygiene, none; communication, none; physical activity (i.e. standing, sitting, reclining, walking, climbing stairs), standing and walking is difficult secondary to pain and instability in the right knee and lower back. The medications included Voltaren, Norco and Prilosec. The treatment plan was not noted in the records. A request was received for postop home care assistance 4 hours a day x5 days a week for 1 week, postop home care assistance 3 hours a day x3 days a week for 4 weeks, and postop home care assistance 8 hours a day 7 days a week for 1 week. The rationale for the request was not provided. The Request for Authorization form was not submitted with the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Home Care Assistance 4 hrs day x 5 days/wk 1 week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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), Knee & Leg (Acute & Chronic), Home health services

Decision rationale: The request for post op home care assistance 4 hrs day x 5 days/wk 1 week is not medically necessary. The Official Disability Guidelines state home health services are recommended only for otherwise recommended medical treatment patients who are homebound, on a part time or intermittent basis. 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. The injured worker has chronic pain and is obese. The clinical notes documented that the patient is able to function independently and does not need any assistance in activities of daily living, self care, personal hygiene, communication, physical activity and sleep. As the injured worker is able to carry out the activities of daily living independently, the request does not meet the evidence based guidelines. As such, the request is not medically necessary.

Post Op Home Care Assistance 3 hours day x 3 days week 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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), Knee & Leg (Acute & Chronic), Home health services.

Decision rationale: The request for post op home care assistance 3 hours day x 3 days week 4 weeks is not medically necessary. The Official Disability Guidelines state home health services are recommended only for otherwise recommended medical treatment patients who are homebound, on a part time or intermittent basis. 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. The injured worker has chronic pain and is obese. The clinical notes documented that the patient is able to function independently and does not need any assistance in activities of daily living, self care, personal hygiene, communication, physical activity and sleep. As the injured worker is able to carry out the activities of daily living independently, the request does not meet the evidence based guidelines. As such, the request is not medically necessary.

Post-Op Home Care Assistance 8 Hours/Day 7 Days/Week 1 Week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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), Knee & Leg (Acute & Chronic), Home health services.

Decision rationale: The request for post-op home care assistance 8 hours/day 7 days/week 1 week is not medically necessary. The Official Disability Guidelines state home health services are recommended only for otherwise recommended medical treatment patients who are homebound, on a part time or intermittent basis. 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. The injured worker has chronic pain and is obese. The clinical notes documented that the patient is able to function independently and does not need any assistance in activities of daily living, self care, personal hygiene, communication, physical activity and sleep. As the injured worker is able to carry out the activities of daily living independently, the request does not meet the evidence based guidelines. As such, the request is not medically necessary.