

<b>Case Number:</b>	CM14-0149482		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	10/03/2011
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Occupational 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:

There were 15 pages provided for this review. The request was for home healthcare two times a week for four hours. The application for independent medical review was signed on August 26, 2014. Per the records provided, as of August 11, 2014, the claimant reported increased symptoms since the last visit. An Agreed Medical Exam (AME) noted on February 25, 2014 that she should have a total knee replacement. Currently, the claimant reports left knee pain rated at eight out of 10 and right knee pain rated at 7 to 8 out of 10 which was aggravated with prolonged walking, sitting, bending or stooping. There was also occasional low back pain rated at five out of 10, mostly in the morning with prolonged walking. The patient has an antalgic gait and uses a cane for support. The knee showed a healed arthroscopic portals on the left. There was painful range of motion in both knees. There was tenderness over the right medial joint line. An MRI from 2012 showed a severe degenerative tear at the medial meniscus with osteoarthritis. She was diagnosed with degenerative joint disease of the right knee with a severe medial meniscus tear. There was a primary physician's report. She remains symptomatic. She saw the AME on February 25 who recommended a total knee replacement. They are seeking a consult for a total knee replacement. The medicines are Anaprox and Prilosec. There was no mention of the home health program in the PR-2s. The Qualified Medical Examiner (QME) from January 31, 2014 was provided and did not mention home health.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH CARE 2 TIMES WEEKLY FOR 4 HOURS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51 of 127.

**Decision rationale:** Regarding home health care services, the evidence-based guides note that is 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. This claimant appears to need it for non-medical services and activities of daily living. However, the guide specifically notes that 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). As presented in the records, the evidence-based MTUS criteria for home health services evaluation would not be supported and was appropriately non-certified. It is not clear if perhaps this home health care is intended post arthroplasty, or due to present debility. There is insufficient clear information for requested Home Health Care. Therefore, the request for Home Health Care 2 Times Weekly For 4 Hours is not medically necessary.