

<b>Case Number:</b>	CM14-0149654		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	05/05/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/04/2014
<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 Physical Medicine & 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 60-year-old male who reported an injury on 05/05/2013 caused by an unspecified mechanism. The injured worker's treatment history included surgery, medications, physical therapy, and Orthovisc injections. The injured worker was evaluated on 08/25/2014 and it was documented the injured worker complained of constant pain of the right knee and pain level was 8/10 on the pain scale. The pain was mostly located in medial and anterior. There was mild pain lateral and intermittent. The injured worker also complained of right hip groin pain. Objective findings revealed: right knee pain with passive range of motion, positive crepitus, and tenderness at the medial and anterior. Flexion contracture was noted and quadriceps strength was 6/5. The injured worker was using a cane and an unloader brace. The diagnoses included right knee medial meniscal tear, right knee patellar tendinitis, and right knee degenerative joint disease. The request for authorization was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RN VISIT FOR [REDACTED] EDUCATION X1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** The requested is not medically necessary. The Chronic Pain Medical Treatment Guidelines (MTUS) only recommends Home Health Services for medical treatment for patients who are Home bound, 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. The documents provided on 08/25/2014 lacked documentation of the injured worker being homebound, on a part time or "intermittent" basis. In addition, there was no indication the injured worker was post-op from surgery. The request for RN visit for [REDACTED] education x1 is not medically necessary.