

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0169065 | | |
| Date Assigned: | 10/17/2014 | Date of Injury: | 05/15/2006 |
| Decision Date: | 11/18/2014 | UR Denial Date: | 09/30/2014 |
| Priority: | Standard | Application Received: | 10/13/2014 |

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 American Board Family Practice 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:

This is a 68 year old female claimant sustained a work injury on September 2, 2003 involving her left knee. She has developed tricompartmental degenerative osteoarthritis and was interested in knee arthroplasty. She had undergone physical therapy as well as use of anti-inflammatory medications for symptomatic relief. A progress note on September 16, 2014 indicated that the claimant continue to have 7/10 daily pain. Exam findings were notable for decreased range of motion of the left knee as well as crepitation. A prior x-ray showed end-stage degenerative changes in the left knee. The claimant was scheduled for total knee arthroplasty. A subsequent request was made for 12 home health care visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

(12) Home Health Care Visits: Upheld

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

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

Decision rationale: According to the MTUS guidelines, 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. In this case the necessity for home health was not described. There is no indication as to the timing of the visits whether they were pre or postoperatively. Specific needs and utilization from home out was not stated and therefore the request for 12 visits of home health is not medically necessary.