

<b>Case Number:</b>	CM14-0086469		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/20/2010
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Internal 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 40 year old female whose date of injury is 04/20/2010. On this date she struck her left knee against a filing cabinet while turning on a swiveling chair. Treatment to date includes aquatic therapy, MRI of the left knee, and medication management. The injured worker underwent left knee arthroscopic retinacular release, medial prepatellar synovial plica resection, complete synovectomy of the medial compartment, lateral compartment and anterior intercondylar notch regions on 03/19/14. It is reported that postoperatively the injured worker will be limited in performing certain personal hygiene activities, house work, cooking and preparing meals, and will require assistance with performing outside chores such as buying groceries, picking up dry cleaning and driving to her medical appointments. The injured worker has completed a course of postoperative physical therapy. Diagnosis is tear of medial meniscus. A request for Home health care assistance 3hrs/day -4days/wk was denied in the pre-authorization process on May 15, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health care assistance 3hrs/day -4days/wk:** Upheld

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

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

**Decision rationale:** Based on the clinical information provided, the request for home health care assistance 3 hours/day-4 days/week is not recommended as medically necessary. The submitted records fail to establish that the injured worker is homebound on a part time or intermittent basis as required by CA MTUS guidelines for home health services. Additionally, the specific medical treatment to be provided is not documented. The injured worker underwent surgical intervention over 7 months ago, and there is no clear rationale provided to support home health care at this time. There is no current, detailed physical examination submitted for review.