

Case Number:	CM14-0094234		
Date Assigned:	07/25/2014	Date of Injury:	05/29/2011
Decision Date:	10/16/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/20/2014

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 Nevada. 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 records presented for review indicate that this 49 year-old female was reportedly injured on 05/29/2011. The most recent progress note, dated 05/19/2014, indicates that there were ongoing complaints of right knee pain status post-surgery. The physical examination demonstrated right knee: surgical incision healing well. Some redness on the right knee but no signs of infection. No recent diagnostic studies were available for review. Previous treatment includes knee surgery, medications, and conservative treatment. A request had been made for home health assistance 24 hours a day for cooking, baking, transfers, and grooming for 4 weeks and was not certified in the pre-authorization process on 06/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Assistance 24 hours a day for cooking, bathing, transfers and grooming for 4 weeks: 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: MTUS guidelines support home health services for 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. Review of the available medical records, documents that the claimant is a wheelchair-bound paraplegic, and left shoulder surgery has been recommended. Unfortunately, the request is not supported by the treatment guidelines and therefore is not considered medically necessary.