

Case Number:	CM14-0096045		
Date Assigned:	07/25/2014	Date of Injury:	10/28/2011
Decision Date:	09/15/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/24/2014

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 54-year-old female was reportedly injured on October 28, 2011. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated June 30, 2014, which is hand written and difficult to read, indicates that there are ongoing complaints of right knee pain. The physical examination demonstrated tenderness of the right knee at the pre-patellar area as well as medial and lateral joint lines. There was patellofemoral crepitus with range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a right knee arthroscopy performed in June 2014. A request had been made for home health care assistance; 16 hours/7 days a week for 1 week, 8 hrs/7 days a week for 1 week, 4 hours/7 days a week for 4 weeks and was denied in the pre-authorization process on June 6, 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; 16 hours/7 days a week for 1 week, 8 hrs/7 days a week for 1 week, 4 hours/7 days a week for 4 weeks: 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 of 127.

Decision rationale: It is not clear from this request whether home health assistance is needed for medical treatment or for assistance of activities of daily living. However, according to the California chronic pain medical treatment guidelines individuals eligible for home health services are those who are homebound on at least a part-time or intermittent basis. Without additional clarification regarding this request and documentation that the injured employee is indeed homebound. This request for home health care assistance; 16 hours/7 days a week for 1 week, 8 hrs/7 days a week for 1 week, 4 hours/7 days a week for 4 weeks is not medically necessary and appropriate.