

Case Number:	CM14-0199698		
Date Assigned:	12/10/2014	Date of Injury:	10/22/2002
Decision Date:	01/23/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice and is licensed to practice in New Jersey. 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 70 year-old female who injured her right knee on 10/22/02 when a cage that was 8 feet in the air fell and struck her on the medial aspect of her right knee. She developed pain and swelling. On exam, she had loss of range of motion of her knee. A 2003 MRI showed degenerative arthritis of the knee with a focus of bone bruising at the medial femoral condyle. In 2007, she began to complain of left knee pain which was felt to be due to weight gain. A 1/2011 x-ray showed severe arthritis. She was diagnosed with right knee degenerative arthritis and chronic knee pain. Right knee steroid injections did not relieve pain. She had minimal benefit with hyaluronic acid injections. On 3/29/11, she had right total knee arthroplasty and required manipulation under general anesthesia on 7/12/11 due to postoperative pain and loss of range of motion. She was unable to tolerate anti-inflammatories due to gastrointestinal discomfort. She took muscle relaxant, Dexilant, and opioids. She continued with exercises to maintain range of motion. Patient stated she was homebound and unable to engage in community activities due to knee pain. She had worsening depression and anxiety, with a history of obsessive compulsiveness and anxiety. She states she is unable to drive, shop, cook, and clean. She has "in-home supportive services three hours a day to help with cooking, cleaning, and self-care." Her husband had a stroke and is unable to do certain activities. As per home health evaluation in 3/2013, her husband can cook, shop, helps her dress, and give the patient her medication. The current request is for home health aide 8 hours/day, 5 days/week for 12 weeks and a home health RN evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide 8 hours/day 5 days/week for 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Aide.

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

Decision rationale: The request is considered not medically necessary as stated. According to MTUS, 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." According to the chart, the patient did not have any wounds requiring wound care by a home health aide. There was no skilled nursing need. The patient lived with her husband who was able to cook, shop, and help the patient dress. She also had a caretaker who provided in home support. MTUS guidelines specify that homemaker services and personal care are not included under "medical care". The requested 40 hours a week also exceeds the 35 hour limit. Therefore, the request is considered not medically necessary.

Home health RN evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: According to MTUS, 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." According to the chart, the patient did not have any wounds requiring wound care by a home health aide. There was no skilled nursing need. The patient lived with her husband who was able to cook, shop, and help the patient dress and she also had a caretaker that provided in home service. MTUS guidelines specify that homemaker services and personal care are not included under "medical care". Therefore, an evaluation by a home health RN is not necessary and the request is considered not medically necessary.