MAXIMUS Federal Services

Case Number:	CM14-0216387		
Date Assigned:	01/06/2015	Date of Injury:	05/11/2011
Decision Date:	03/05/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 60 year old female who suffered an industrial related injury on 5/11/11 after tripping and falling onto her left knee. A physician's report dated 5/14/14 noted the injured worker underwent a partial meniscectomy on 9/16/11. Post operatively left knee pain continued and due to an altered gait she developed left hip and low back pain. She received 12 sessions of physical therapy, 3 injections to the left knee. A left total hip arthroplasty was recommended after the injured worker lost 50 pounds. Diagnoses included severe degenerative left hip arthritis and left knee meniscectomy. A physicians report dated 11/12/14 noted the injured worker continued to have complaints of low back, left hip, and left knee pain. The injured worker returned to normal duties at work on 5/11/11 but was laid off on 5/1/14 and did not obtain new employment. The injured worker was taking extra strength Tylenol for pain. Physical examination findings included the injured worker ambulated with a Trendelenburg gait and used a cane. The injured worker was unable to squat due to pain. Heel to toe walking was difficult due to pain. Normal lumbar spine alignment, no allodynia, and no paravertebral spasms were noted. The straight leg raise test was negative bilaterally. The sensory examination revealed no areas of hyperesthesia. Local tenderness in the left greater trochanteric region and the Trendelenburg test was positive. Regarding the knees the McMurray's test, Drawers sign, and Lachman's tests were negative. Diagnoses included compensatory strain/sprain of the lumbar spine superimposed on pre-existing degenerative disc disease most significant at L5-S1, left hip severe degenerative joint disease, and status post left knee partial medial meniscectomy. On 12/10/14 the utilization review (UR) physician denied the request for home healthcare. The UR physician noted the need for

operative intervention in this case has not been established thus negating the need for postoperative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

home healthcare: 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: According to MTUS guidelines, home care assistance is < 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. (CMS, 2004)>The patient does not fulfill the requirements mentioned above. There is no documentation that the patient recommended medical treatment requires home health aide. Therefore the request for Home healthcare is not medically necessary.