

Case Number:	CM14-0217750		
Date Assigned:	01/07/2015	Date of Injury:	06/20/2006
Decision Date:	05/13/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/29/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old male, who sustained an industrial injury on 6/20/2006. Diagnoses have included lumbar disc disease, status post right knee arthroscopy April 2011 and left knee patellofemoral arthralgia. Treatment to date has included lumbar medial branch facet rhizotomy, knee surgery and medication. According to the progress report dated 10/1/2014, the injured worker complained of low back pain rated 7/10. Gait was wide-based. Heel-toe walk was performed with difficulty secondary to low back pain. There was tenderness and spasm noted over the lumbar paravertebral musculature. There was mild facet tenderness noted at L3-S1. There was moderate right knee pain. Patellar compression test was positive on the right and left. A medical-legal report dated 11/10/2014, documents that the injured worker had substantial functional impairment in his activities of daily living, following his right knee surgery in April 2011. Authorization was requested for retrospective home assistance services until 9/2/2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 home assistance services - 12 hours per day 7 days per week for 1 week, then 8 hours per day 7 days per week for 1 week, then 4 hours per day 3 days per week until 9/2/11: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 114, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home service Page(s): 51.

Decision rationale: The 56 years old patient presents with low back pain rated 7/10. This is a retrospective request for 1 HOME ASSISTANCE SERVICE- 12 HOURS PER DAY, 7 DAYS PER WEEK FOR 1 WEEK. THAN 8 HOURS PER DAY 7 DAYS PER WEEK FOR 1 WEEK, THAN 4 HOURS PER DAY 3 DAYS PER WEEK UNTIL 09/02/11. According to the Request for Authorization dated 11/10/14, the patient was status post right knee arthroscopy and left knee patellofemoral arthralgia April 2011 and received the home health care. The patient's diagnoses have included lumbar disc disease, status post right knee arthroscopy April 2011 and left knee patellofemoral arthralgia. The 11/10/14 report states, "The patient had substantial functional impairment in his ADL's including housework such as mopping, vacuuming, dusting, making the bed, cleaning and sweeping, as well as cooking, dishes, laundry, grocery shopping, yard work and taking care of the patient's dogs. He also required assistance with personal care including bathing and dressing. The patient is temporarily totally disabled. MTUS Guidelines, page 51, has the following regarding home service, "Recommended only for otherwise recommended medical treatments for patients who are home bound 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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." In this case, treater has documented the patient's need for home assistance and provided discussions regarding what services were completed. The MTUS guidelines are clear that Home Care is for medical treatment only and for no more than 35 hours per week. The request exceeds the allowable amount of hours for home assistance by MTUS guidelines. Furthermore, the patient underwent knee arthroscopic surgery with an expected fairly quick recovery for ambulation and self-care. The treater does not explain why the patient would have had a prolonged recovery time. Therefore, the retrospective request WAS/IS NOT medically necessary.