

Case Number:	CM14-0218513		
Date Assigned:	01/08/2015	Date of Injury:	04/20/2010
Decision Date:	03/12/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/30/2014

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:

This 53 year old female sustained work related industrial injuries on April 20, 2010. The mechanism of injury was not described. The injured worker subsequently complained of low back pain and right knee status post right total knee replacement. On October 16, 2014, the injured worker underwent the removal of infected right knee prosthesis. The injured worker was diagnosed and treated for status post removal of the right knee. Treatment consisted radiographic imaging, diagnostic studies, prescribed medications, consultations and periodic follow up visits. According to the treating provider report dated November 06, 2014, the provider removed the sutures. Objective findings revealed wound healing with normal amount of soft tissue and no redness. Documentation noted that the injured worker motor was intact of her right ankle and foot and she was partially weight bearing with a walker. The treatment plan was intravenous antibiotics with plans for reimplantation of the right knee at a later date. Per treating provider report dated November 20, 2014, the provider requested the injured worker be provided with a home health aide to help her around the house during completion of her antibiotic before undergoing the implantation of her total knee. The treating physician prescribed services for Home Health Aide, 4-6 hours/day 7 times a week for 4 weeks now under review. On December 3, 2014, the Utilization Review (UR) evaluated the prescription for Home Health Aide, 4-6 hours/day 7 times a week for 4 weeks requested on November 6, 2014. Upon review of the clinical information, UR non-certified the request for Home Health Aide, 4-6 hours/day 7 times a week for 4 weeks. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aid, 4-6 hours/day 7 times a week for 4 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient is right knee pain S/P right total knee replacement, has low back pain which radiates to the bilateral lower extremity causing mild numbness, mild tingling, mild weakness, mild spasm, and an unstable gait. The request is for a HOME HEALTH AID, 4-6 HOURS/DAY 7 TIMES A WEEK FOR 4 WEEKS. The report with the request is not provided. MTUS Guidelines page 51 has the following regarding home service, recommended only for otherwise recommended medical treatments for patients who are home bound or a part time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include home maker 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. In this case, the treater is requesting for 28 to 42 hours a week of home health care assistance. MTUS Guidelines allow for no more than up to 35 hours per week for home service. This patient appears to be post-operative from knee replacement and only partially weight bears with a walker. There would be some challenges with handling self-care and ADL's for which home care would be needed. The request is for one month for what would appear to be post-operative recovery. The request IS medically necessary.