

Case Number:	CM15-0011416		
Date Assigned:	01/29/2015	Date of Injury:	10/04/2013
Decision Date:	03/25/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/21/2015

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 90 year old female, who sustained an industrial injury on 10/4/2013. The diagnoses have included chondrocalcinosis, tendinosis and status post open reduction internal fixation of right patella. Treatment to date has included surgical intervention, physical therapy and pain medications. A physical therapy note dated 11/17/2014 documented that the injured worker had made or reported no changes in symptoms or function at that time. According to the Primary Treating Physician's Progress Report dated 12/30/2014, the injured worker reported increased range of motion and strength after 20 physical therapy treatments. She stated had minimal pain unless her right knee was touched or bumped or while rising from seated. Objective findings revealed that the injured worker ambulated with a seated walker. There was tenderness to palpation at the peripatellar area. On 1/6/2015, Utilization Review (UR) non-certified a request for Home Health Care Assistance 24 hours a day 7 days a week, noting the lack of recent documentation regarding the patient's condition to show her current level of functioning. The MTUS and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care assistance 24 hours a day, 7 days a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: This patient presents with right knee pain. The treater has asked for HOME HEALTH CARE ASSISTANCE 24 HOURS A DAY, 7 DAYS A WEEK but the requesting progress report is not included in the provided documentation. According to AME report dated 9/22/14, "she requires a work restriction limiting her to semi-sedentary work activities...The patient does require home health care." The 9/23/14 report contains this request: "continue home health care" assist patient with activities of daily living such as bathing, getting up from bed, seated position, exercise, getting dressed, to and from doctor's appointment, physical therapy, for 24 hours a day, 7 days a week. Regarding home health services, MTUS recommends 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. In this case, the patient has difficulty ambulating from a chronic pain condition of the right knee. The requested home care, however, is for homemaker services "i.e. cooking, cleaning, personal care, errands" which does not constitute medical treatment per MTUS guidelines. MTUS states that medical care does not include homemaker services which this request is for. Furthermore, the request is for a 24 hour care, and there is no explanation as to why the patient requires 24 hour care, such as danger to self, or others, inability to transfer, etc. The patient is ambulating with a walker, and it would appear that the patient is able to transfer and do self-care. The request IS NOT medically necessary.