

<b>Case Number:</b>	CM15-0013047		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	05/15/2001
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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 64-year-old male who reported an injury on 08/01/1983 due to an unspecified mechanism of injury. On 11/12/2014, he presented for a followup evaluation regarding his work related injury. He reported severe arthritic pain in the left knee and weakness in the right total knee replacement revision. His physical examination showed that he could ambulate without a cane. His gait was fairly good, and examination of the left knee showed a varus deformity, a small effusion, and range of motion from 0 to 120 degrees. He was diagnosed with satisfactory recovery following revision total knee replacement on the right, recovering peroneal palsy, and increasingly symptomatic osteoarthritis of the left knee. The treatment plan was for home health aide 4 hours a day 3 days a week for indefinitely. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Aid 4 Hours A Day -3 days A Week For Indefinitely:** Upheld

**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 Health Services Page(s): 51.

**Decision rationale:** The California MTUS Guidelines indicate that home health services are recommended for those who are homebound on a part-time or intermittent basis. The documentation provided does not indicate that the injured worker is home bound on a part time or intermittent basis to support the request for a home health aide. Also, the injured worker was not noted to have any significant functional deficits, and it was not stated that he would not have somebody at home to help him. In addition, a clear rationale was not provided for the medical necessity of a home health aide, and the request for home health services indefinitely is excessive and would not be supported. Therefore, the request is not supported. As such, the request is not medically necessary.