

<b>Case Number:</b>	CM15-0110327		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	11/14/2003
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 62-year-old female, who sustained an industrial injury on November 14, 2003. The injured worker was diagnosed as having right knee medial meniscus tear. Treatment to date has included psychiatry care and medication. A progress note dated February 10, 2014 provides the injured worker is status quo. It is noted her medical problems are somewhat under control. There is a request for home health care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health care 4 hours a day x 90 days:** 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:** Home health care 4 hours a day x 90 days is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that home health care 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 when this is the only care needed. The documentation does not indicate a clear rationale or findings that would necessitate 90 days of home health therefore this request is not medically necessary.