

Case Number:	CM15-0123333		
Date Assigned:	07/07/2015	Date of Injury:	01/21/2015
Decision Date:	08/04/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/26/2015

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 42 year old male, who sustained an industrial injury on January 21, 2015. He reported an injury to his left knee and shoulder after a slip and fall. The injured worker was diagnosed with left knee contusion and left shoulder sprain. Treatment to date has included modified work/activity, durable medical equipment, diagnostic imaging, NSAIDS, physical therapy, and Kenalog injection. Currently, the injured worker has authorized left knee surgery planned for July 2015. The evaluating physician notes that he will require significant support in that he will be substantially non-weight bearing following cartilage replacement and reconstruction of the left knee. He will need help with cooking, cleaning, shopping and activities of daily living. In addition to his knee limitations, he has continued left shoulder pain, weakness and limited function. The diagnoses associated with the request include cervical strain, left shoulder sprain, left knee sprain with internal derangement and chronic pain. The treatment plan includes left knee surgery in July 2015, pain management consultation, post-operative home care for four hours per day / 7 days per week and psychologist consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home assistance 4 hours/day x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

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

Decision rationale: Home assistance 4 hours/day x 4 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that home health services are 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 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. The documentation does not indicate what medical treatment the patient will require that necessitates 4 hours/day for 4 weeks therefore this request is not medically necessary.