

Case Number:	CM15-0176031		
Date Assigned:	09/17/2015	Date of Injury:	05/01/2012
Decision Date:	10/19/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/08/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 61 year old female, who sustained an industrial injury on 5-1-2012. Medical records indicate the worker is undergoing treatment for right knee internal derangement, right knee recurrent posterior medial meniscus tear and right knee progressive bi-compartmental osteoarthritis post 3 Hyalgan injections. A recent progress report dated 8-6-2015, reported the injured worker complained of moderate right knee pain. Physical examination revealed range of motion is 5-125 degrees of flexion with pain along the medial compartment and patello-femoral joint of her right knee. The progress noted documents a magnetic resonance imaging showed medial meniscal tear and osteoarthritis in the medial and patello-femoral compartments. Treatment to date has included right knee arthroscopy in 2012, physical therapy, Hyalgan injections and medication management. Current medications include Norco and Etodolac. The physician is planning a right total knee arthroplasty and is requesting a Home health aide as needed for assistance with daily living activities (unspecified amount or duration). On 8-19-2015, the Utilization Review noncertified a Home health aide as needed for assistance with daily living activities (unspecified amount or duration).

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide as needed for assistance with dial living activities (unspecified amount or duration): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home health services.

Decision rationale: Pursuant to the Official Disability Guidelines, home health aide as needed for assistance with daily living activities (unspecified amount and duration) is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization to prevent hospitalization or to provide longer-term in-home medical care and domestic care services for those whose condition that would otherwise require inpatient care. Home health services include both medical and nonmedical services deemed to be medically necessary for patients who are confined to the home (homebound) and to require one or all of the following: skilled care by a licensed medical professional; and or personal care services for tasks and assistance with activities of daily living that do not require skilled medical professionals such as bowel and bladder care, feeding and bathing; and or domestic care services such as shopping, cleaning and laundry. Justification for medical necessity requires documentation for home health services. Documentation includes, but is not limited to, the medical condition with objective deficits and specific activities precluded by deficits; expected kinds of services required for an estimate of duration and frequency; the level of expertise and professional qualification; etc. In this case, the injured worker's working diagnoses are right knee internal derangement with myxoid degeneration of medial compartment; right knee were current posterior horn meniscus tear, status post video arthroscopy with chondroplasty of patellofemoral joint, medial femoral condyle, partial medial meniscectomy and tricompartmental synovectomy; right knee progressive by compartmental osteoarthritis, status post three hyalgen injections. Date of injury is May 1, 2012. Request for authorization is August 12, 2015. According to the most recent progress note dated August 6, 2015, the treating provider requested authorization for a right total knee arthroplasty. The treating provider is requesting the procedure be done as an inpatient procedure requiring at least 48 hours. The documentation indicates the appropriate postoperative durable medical equipment including CPM, cold therapy, a walker and crutches should be authorized. The injured worker will require at least 12 to 24 postsurgical sessions of physical therapy, which should be preauthorized. The authorization for the total knee arthroplasty is not in the medical record. There is no documentation/discussion for a home health aide to assist with daily living activities. There is no documentation indicating the amount of time and the duration of time is indicated for a home health aide. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with authorization for the total knee arthroplasty and no clinical discussion, indication or rationale for a home health aide as needed with daily living activities (with an unspecified amount and duration), home health aide as needed for assistance with daily living activities (unspecified amount and duration) is not medically necessary.