

Case Number:	CM15-0060651		
Date Assigned:	05/07/2015	Date of Injury:	01/10/2014
Decision Date:	06/04/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/30/2015

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 38-year-old female who sustained an industrial injury on 01/10/14. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, and left knee arthroscopy with patellofemoral ligament reconstruction, as well as a knee brace and crutches. Diagnostic studies include nerve conduction studies. Current complaints include left knee pain and spasms/severe pain in her lower back. Current diagnoses include patellofemoral instability with chondromalacia of the left knee, and low back pain. In a progress not dated 10/27/14 the treating provider reports the plan of care as additional physical therapy to the left knee, a home health aide 3 hours/day, 3 days/week, and medications including ibuprofen and Flexeril. The requested treatment is a home health aide 3 hours/day, 3 days/week for one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

One home health aide 3 times a week for 3 hours: 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 52.

Decision rationale: MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. There is no documentation of whether the patient is homebound or what specific deficient performance is evident in activities of daily living as the patient is able to use crutches at the doctor's visit. Exam has no clear neurological deficits. The One home health aide 3 times a week for 3 hours is not medically necessary and appropriate.