

<b>Case Number:</b>	CM15-0072199		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	03/11/2012
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: Massachusetts

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

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 year old female sustained an industrial injury on 3/11/12. She subsequently reported knee pain. Diagnoses include right knee sprain/ strain. Treatments to date have included x-rays, MRIs, surgeries, therapy, and modified work duty and prescription pain medications. The treatment plan includes TENS, physical therapy, orthotics and nerve conduction testing. The injured worker continues to experience right knee pain with activity. A request for a Home health aide 5 hours/day x 7 days x 4 weeks was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health aide 5 hours/day x 7 days x 4 weeks:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Home health services.

**Decision rationale:** The claimant is more than three years status post work-related injury and underwent a right total knee replacement in February 2015 with a prolonged hospital stay. When seen, she was able to ambulate with a walker. She had decreased left knee range of motion and was wearing a knee brace. She was referred for outpatient physical therapy. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. In this case, the claimant has unilateral lower extremity impairment without significant upper extremity impairing condition and would not be expected to require ongoing daily home based services. The specific activities requiring the number of hours being requested assistance are not identified. Therefore the requested home aide is not medically necessary.