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| <b>Case Number:</b>   | CM15-0075874 |                              |            |
| <b>Date Assigned:</b> | 04/23/2015   | <b>Date of Injury:</b>       | 08/05/2000 |
| <b>Decision Date:</b> | 06/11/2015   | <b>UR Denial Date:</b>       | 03/31/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/21/2015 |

### 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: Preventive Medicine, Occupational 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 51 year old male, who sustained an industrial injury on August 5, 2000. He reported twisted his left knee with increased pain. The injured worker was diagnosed as having status post left total knee replacement, bilateral internal knee derangement, right total knee replacement, bilateral knee degenerative joint disease, bilateral knee pain, and right knee "cyclop" scar tissue. Treatment to date has included x-rays, physical therapy, MRI, bilateral knee surgeries, cortisone injection, and medication. Currently, the injured worker complains of bilateral knee pain. The Primary Treating Physician's report dated February 25, 2015, noted the injured worker status post right knee replacement revision surgery. The injured worker's current medications were listed as Exalgo, Celebrex, Percocet, Valium, Soma, Wellbutrin, and Dilaudid. Physical examination was noted to show tenderness to palpation of the bilateral knees with restricted range of motion (ROM) due to pain. Crepitus and clicking of the bilateral knees with tenderness to palpation of medial and lateral and prepatellar knee bilaterally was noted. The treatment plan was noted to include prescriptions for medications, and a recommendation for a 12 panel urine drug screen (UDS).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health aide 4 hours/day x 7 days for 2 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Home health services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services section Page(s): 51.

**Decision rationale:** The MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are home-bound, on a part-time or intermittent basis. 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. This request is for homemaker services and not for medical treatment. This patient has had 4 weeks of post-operative home health care status post total knee arthroplasty performed on 1/26/15. The available documentation does not include any information regarding current functional status or details of his living situation. The request for home health aide 4 hours/day x 7 days for 2 weeks is determined to not be medically necessary.