

Case Number:	CM15-0076453		
Date Assigned:	04/28/2015	Date of Injury:	12/24/2011
Decision Date:	05/26/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	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: North Carolina
Certification(s)/Specialty: Family Practice

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 66-year-old female, with a reported date of injury of 12/29/2011. The diagnoses include lateral compartment degenerative joint disease of the bilateral knees, chronic arthritis, and status post right total knee replacement. Treatments to date have included right total knee replacement, oral medications, topical pain medication, and physical therapy. The medical report dated 03/19/2015 indicates that the injured worker had bilateral knee pain. The objective findings for the left knee includes 2+ valgus deformity, range of motion at 0-115 degrees, positive diffuse tenderness to the left knee, moderate lateral joint line tenderness. The neurological examination showed a grossly intact sensory examination, grossly intact motor strength examination, and intact deep tendon reflexes. It was noted that the injured worker had been approved for a left total knee replacement. The injured worker lived alone and did not have anyone to care for her after the surgery. Therefore, a home health aide would be required. The treating physician requested home health aide 4 hours a day for 3 weeks.

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 a day times 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain.

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

Decision rationale: The California chronic pain medical treatment guideline on home health services states: Home health services recommended only for otherwise recommended medical treatment for patients who are Home bound, 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. (CMS, 2004) Home health services are recommended for patients who are home bound. There is mention of the patient having knee replacement surgery. The request does not define the skilled nursing needs of the patient and homemaker services are not covered. Therefore the request is not medically necessary.