

Case Number:	CM15-0078938		
Date Assigned:	04/30/2015	Date of Injury:	10/24/2002
Decision Date:	05/29/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/24/2015

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: Ohio, North Carolina, Virginia
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 53 year old female, who sustained an industrial injury on 10/24/2002. On provider visit dated 04/02/2015 the injured worker has reported left knee pain. On examination of the knee was noted tenderness present at the surgical site, range of motion was noted as none due to cement spacer. Per documentation, the injured worker was noted that she should not be walking or bearing any weight on knee. The diagnoses have included total knee arthroplasty 08/10/2014, 01/29/2015 total knee arthroplasty loosening revision and removal of total knee revision and 08/10/2014 wound washout after total knee arthroplasty. Treatment to date has included medication. The provider requested DME purchases wheelchair ramp so in the injured worker can get around easier in wheelchair and HHA Aid 6 hours a day, no duration so that the injured worker can have the proper care/assistance with activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

HHA Aid 6 Hours A Day, No Duration: Upheld

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

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

Decision rationale: The injured worker has had several knee surgeries with revisions stemming from infection and wound dehiscence. She is essentially non-weight bearing on the left leg, except for transfers. She appears to need medical assistance with dressing changes. Otherwise, she needs attendant care in the form of assistance with ambulation and transfers primarily. The CA MTUS and the Official Disability Guidelines do not address attendant/personal care and evidently, this area represents an ongoing jurisdictional dispute between DWC, IHSS (In Home Support Services), Medi-Cal and Medicare. The CA MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, 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. The provision of a home health aide 6 hours a day is not considered medically appropriate and necessary under the CA MTUS guidelines as they exist currently. The injured worker appears to primarily require personal/attendant care.

DME Purchase Wheelchair Ramp: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and leg chapter, Durable medical equipment section.

Decision rationale: Durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bedpans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. In this instance, the injured worker is unable to bear weight because of the absence of a knee joint. This condition is not likely to change for the foreseeable future. She is medically advised not to bear weight rendering her wheelchair bound. The wheelchair ramp will serve the medical purpose of allowing the injured worker to remain non-weight bearing. Therefore, a wheelchair ramp purchase is medically necessary and appropriate.

