

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0091621 | | |
| Date Assigned: | 05/18/2015 | Date of Injury: | 05/14/2012 |
| Decision Date: | 06/22/2015 | UR Denial Date: | 05/11/2015 |
| Priority: | Standard | Application Received: | 05/12/2015 |

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: Connecticut, California, Virginia
 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 63-year-old female, with a reported date of injury of 05/14/2014. The diagnoses include low back pain, displaced lumbar intervertebral disc, lumbar neuritis/radiculitis, right knee pain, status post right partial knee replacement, painful partial right knee replacement, and status post total knee revision of the right knee. Treatments to date have included oral medications, physical therapy, lumbar transforaminal interbody fusion in 05/2014, right knee surgery in 2013, x-ray of the right knee, right knee total knee revision and removal of painful hardware on 03/31/2015, a transcutaneous electrical nerve stimulation (TENS) unit, and a walker. The medical report dated 04/27/2015 indicates that the injured worker was seen to follow-up on her right total knee replacement surgery that was 3 ½ weeks prior. The injured worker complained of pain in the thigh and calf, as well as the knees. It was noted that the injured worker had a fair amount of swelling about the knee and it was warm to touch; however, there were no signs of infection. There was redness down about the foot and ankle region medially and laterally. The Doppler study was negative for deep vein thrombosis (DVT). There was documentation that the injured worker was making steady progress, and that she had issues with her back and complained of pain in the opposite knee due to being overworked. The visiting nurse and home physical therapy was going to the injured worker's home. The treating physician requested eight (8) additional home health care visits for four (4) hours a day, four (4) days a week. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Home Health Care 4 Hours per Day/4 Days per Week (Qty=Visits) Qty 8:
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 MTUS Chronic Pain Management Guidelines (pg 51) indicate that home health services are only recommended for otherwise recommended medical treatments in cases of patients who are homebound, and only on an intermittent basis (generally up to no more than 35 hours per week). Per the guidelines, medical treatment does not include homemaker services like shopping, cleaning, laundry or personal care like bathing, dressing, and using the bathroom when this is the only care that is needed. In this case, the supplied records give no indication of treatment modalities being pursued as part of a home care plan. Utilization Review modified the request to allow for a home assessment by a registered nurse to bring further clarification as to the requirements and potential benefit of home care. Unfortunately, activities of daily living in the absence of further medical treatment requirements in the home are specifically addressed by the MTUS guidelines as inadequate reasons for recommending home health assistance. Without a more detailed rationale to include other recommended medical treatments as a part of home care nursing, the request in this case is not considered medically necessary.