

<b>Case Number:</b>	CM15-0094201		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	09/13/2003
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: 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 48-year-old female, with a reported date of injury of 09/13/2003. The diagnoses include status post left knee arthroscopy with partial medial meniscectomy and excision of plica, left knee sprain/strain, knee pain, and left knee medial meniscus tear. Treatments to date have included oral medications; a knee brace; an ultrasound of the calf to rule out a deep vein thrombosis, which had negative results; left knee surgery on 03/30/2015; and an MRI of the left knee on 09/16/2014 which showed a complex tear of the post horn of the medical meniscus. The progress report dated 04/08/2015 indicates that the injured worker had complaints regarding her left knee. She stated that her symptoms had worsened since the last visit. She rated her left knee pain 4 out of 10. The injured worker reported having severe calf pain since 03/31/2015 and that it had been getting worse. The physical examination showed normal motor strength, intact neurovascular status, decreased range of motion, trace effusion, and no swelling. The injured worker had a tremendous amount of pain and had been unable to get around for nine days. She needed help and hired a caretaker. It was noted that the injured worker had been allowed full weight-bearing; however, she had been having difficulty walking and standing since the surgery. The treating physician requested post-operative home health care for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative home health care for 6 weeks:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, 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 not for medical services and the injured worker is not homebound. The request for post-operative home health care for 6 weeks is determined to not be medically necessary.