

<b>Case Number:</b>	CM15-0095132		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	02/18/2010
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Texas, New York, 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 applicant is a represented 48-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of February 18, 2010. In a Utilization Review report dated April 17, 2015, the claims administrator failed to approve a request for home health postoperative care x 1 week. The claims administrator invoked non-MTUS ODG guidelines on home health services, despite the fact that the MTUS addressed the topic. A RFA form of April 14, 2015 and an associated progress note of March 23, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On March 23, 2015, the applicant reported ongoing complaints of knee pain. The applicant was off of work. The applicant had undergone two failed knee arthroscopies in 2010 and 2013, it was reported. Authorization for a total knee arthroplasty was sought on the grounds that the applicant had clinically severe, radiographically confirmed knee arthritis. In a subsequent progress note dated March 31, 2015, difficult to follow, not entirely legible, considerably blurred as a result of repetitive photocopying and faxing, a pre-surgical evaluation, cold therapy unit, home health services, and transportation to and from the facility were sought. It was not stated precisely what home health services were proposed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Post-op Care daily x 1 week: 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), Online Version, Knee & Leg, Home Health Services.

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

**Decision rationale:** As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment to applicants who are homebound. Medical treatment, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, does not include homemaker services such as shopping, cleaning, laundry, and personal care such as bathing, dressing, and using the bathroom when this is the only care needed. Here, however, it was not clearly stated what was sought. It was not clearly stated what home health services were being delivered. The March 23, 2015 progress note did not clearly specify what home health services were being sought. A subsequent note dated March 31, 2015 was blurred, shrunken, and rendered largely illegible as a result of repetitive photocopying and faxing and likewise did not clearly indicate what services were being sought. Therefore, the request was not medically necessary.