MAXIMUS Federal Services

Case Number:	CM15-0098389		
Date Assigned:	05/29/2015	Date of Injury:	03/31/1999
Decision Date:	07/07/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/21/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 03/31/1999. The injured worker is currently not working and permanent and stationary with exacerbation. The injured worker is currently diagnosed as having patellofemoral chondromalacia to bilateral knees. Treatment and diagnostics to date has included Transcutaneous Electrical Nerve Stimulation Unit and medications. In a progress note dated 04/20/2015, the injured worker presented with complaints of bilateral knee pain with popping and weakness after a recent fall. Objective findings include bilateral knee tenderness with significant crepitus and decreased range of motion. The treating physician reported requesting authorization for home health care due to both knees giving away causing him to fall a lot recently.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 3 times a week: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 9 Shoulder Complaints Page(s): 91, 206, Chronic Pain Treatment Guidelines Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Home health services, Blue Cross/Blue Shield Medical Policy.

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

Decision rationale: The patient presents with bilateral knee pain with popping and weakness. The request is for HOME HEALTH CARE 3 TIMES A WEEK. The request for authorization is dated 04/20/15. Physical examination of the bilateral knees reveals tenderness with significant crepitus. Active range of motion is decreased. The patient reports on 04/17/2015, he fell after his knees gave away. The patient is using a single point cane. The patient's medication includes Morphine. Per progress report dated 04/20/15, the patient is permanent and stationary and not working. MTUS Guidelines, page 51, has the following regarding home service, "Recommended only for otherwise recommended medical treatments 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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." Per progress report dated 04/20/15, treater's reason for the request is "The patient states both of his knees have being giving away causes him to fall a lot recently and he has no one at home during the day with him to assist with his care." However, there is no documentation as to why the patient is unable to perform self-care and it does not appear the patient is home bound. Without adequate diagnostic support for the needed self care such as loss of function of a limb or mobility, the request for home health care would not be indicated. MTUS guidelines are clear that home health care is for medical treatment only and does not include homemaker services. There is no documentation found in the reports provided that the patient requires medical treatment at home. Therefore, the request IS NOT medically necessary.