

Case Number:	CM13-0007566		
Date Assigned:	12/27/2013	Date of Injury:	04/23/2003
Decision Date:	03/28/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57-year-old female injured on 4/23/03. According to the medical records, recent complaints are that of bilateral knee pain and swelling. A clinical report dated 7/9/13 indicated that the claimant was contemplating total joint arthroplasty surgery that was to be performed on 7/17/13. There was a request for the need for home health services following this procedure for a 4 to 6 week period of time. The claimant apparently was authorized for the above-mentioned procedure. There is at present a current request for the use of post-operative home health services for six weeks with no documentation of specific time frame for which it would be indicated during that six week process or services provided. The remainder of the clinical records is not pertinent to the request in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care x six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation ODG, Home Health Services, Low Back Chapter & <http://www.medicare.gov/Publications/Pubs/pdf/10969.pdf>

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

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the request for home health services for a six week period of time would not be indicated. While it is stated that the claimant is to undergo total joint arthroplasty, Chronic pain Guidelines criteria only recommends the home health services for medical treatment of no more than 35 hours per week for patients who are homebound on a part-time or intermittent basis. The time frame per week for which the home health care would be provided and the specific care that is to be provided is not stated. The absence of this information would fail to necessitate the role of the above request for a six week post-operative period of time.