

Case Number:	CM13-0008143		
Date Assigned:	04/23/2014	Date of Injury:	04/16/2012
Decision Date:	06/10/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/12/2013

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. The expert 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 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/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 67-year-old female injured her left knee on 4/16/12. The records provided for review document that following a course of conservative care for the diagnosis of degenerative joint disease, a left total knee arthroplasty was recommended and approved by the carrier. There are two current requests for this review for post-operative treatment. The first is for home nursing visits three times per week for four weeks for blood draws, and the second is for post-operative physical therapy two times per week for four weeks following arthroplasty. The remaining clinical records are not pertinent to the specific requests for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME NURSE VISITS THREE TIMES PER WEEK FOR FOUR WEEKS (3X4) FOR PRO-TIME BLOOD DRAWS FOR POST-OPERATIVE LEFT TOTAL KNEE ARTHROPLASTY (TKA): Upheld

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

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, home nurse visits three times a week for four weeks cannot be recommended as medically necessary. While home care nursing can be utilized following joint replacement procedure, it is typically indicated for individuals who are homebound on a parttime or intermittent basis. There is no documentation within the records to identify why this claimant would be homebound for four weeks following the above-mentioned procedure. The specific request would not be supported as medically necessary.

HOME PHYSICAL THERAPY, TWO TIMES PER WEEK FOR FOUR WEEKS:
Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Post-Surgical Rehabilitative Guidelines, formal physical therapy for eight sessions would be supported. This individual is to undergo knee arthroplasty which Postsurgical Guidelines recommend up to 24 sessions of formal physical therapy in the post-operative setting. With no documentation that any formal physical therapy has already occurred in this individual's post-operative course of care, an initial eight sessions of physical therapy would be supported by guidelines criteria.