

<b>Case Number:</b>	CM13-0011094		
<b>Date Assigned:</b>	09/23/2013	<b>Date of Injury:</b>	08/28/2000
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation, 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:

The patient is a 63 year old man with a history of right knee joint pain secondary to a work-related injury from 8/28/00. He underwent right total knee arthroplasty initially in October of 2011 with good result, but the patient states that he began to experience right knee pain in 2013. He was seen by an orthopedic surgeon who did an x-ray and did not find any significant abnormality. Since then, his right knee pain has continued to progress. He was again seen by an orthopedic surgeon who did a bone scan and found that his prosthesis had loosened. Plans were made to do a right tibial versus total knee revision on 8/12/13. The patient complains of pain that is worse when he is walking on uneven ground or when he walks for any prolonged period of time. He states that his activity is fairly limited at this time due to his severe knee pain; however, he lives in a basement and walks up and down a flight of stairs 10-15 times a day. The patient has been out of work for approximately a year, and has not seen his primary care physician in follow-up. He checks his blood sugar every other day, postprandial, and it typically runs 120-180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for six sessions of home health care skilled nursing for the right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment goes 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. Since the patient in question is noted to ascend/descend a flight of stairs 10-15 times a day, he does not meet the qualifications for homebound status. Therefore, the request is not medically necessary.

**The request for eight sessions of home health physical therapy for the right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** The California MTUS states that controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate benefit in the short term, but not the long term. In the short term, therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. Therefore, the request is not medically necessary.