

<b>Case Number:</b>	CM13-0014524		
<b>Date Assigned:</b>	10/01/2013	<b>Date of Injury:</b>	07/29/1999
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 29, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; bilateral total knee arthroplasties in 2012 and 2013, respectively; reported initial return to work; earlier right knee manipulation under anesthesia; and a cane. In a utilization review report of August 7, 2013, the claims administrator partially certified a request for two home health nursing visits. The utilization review report states that this was an open-ended request for unspecified number of home care visits. It is noted that two home nursing visits were certified through the utilization review report. The applicant's attorney later appealed this partial denial/partial certification, on August 19, 2013. A later note of August 20, 2013, is notable for comments that the applicant is following up three weeks removed from the total knee arthroplasty. He is using a single cane to move about. His range of motion is excellent with full extension and flexion of 120 degrees. Knee exercise program and outpatient physical therapy are endorsed. The applicant does receive a refill of Vicodin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Care for RN/PT/OT visits for post-op left total knee arthroplasty is not medically necessary and appropriate.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 91, 206.,Chronic Pain Treatment Guidelines Home health services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51 of 127.

**Decision rationale:** As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended to deliver medically necessary services in those applicants who are homebound, bedbound, and/or unable to attend outpatient office visits of their own accord. In this case, the applicant was described as ambulating well, albeit with a cane, on an office visit of August 20, 2013. The applicant was able to attend conventional outpatient physical therapy as of that point in time. The question of whether or not the applicant needed home health services between the utilization review report of August 7, 2013, and the subsequent office visit of August 20, 2013, cannot be established based solely on the records provided. The utilization reviewer partially certified two home nursing visits for the purposes of suture removal and wound care. The lengthy, unspecified, open-ended course of home-based nursing care, physical therapy, occupational therapy, cannot be supported based on the provided documentation, which suggested the applicant was effecting an appropriate postoperative recovery and was capable of attending conventional outpatient physical therapy/occupational therapy beyond August 20, 2013. Therefore, the request is not certified.