

<b>Case Number:</b>	CM13-0015432		
<b>Date Assigned:</b>	10/08/2013	<b>Date of Injury:</b>	03/02/2010
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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.

### 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 male patient with a date of injury of March 2, 2010. A report dated July 23, 2013, requests a total knee replacement on the left and states that the patient will need placement in a skilled nursing facility following surgery if he is unable to return home and care for himself. The note states that the patient will need an evaluation for a visiting nurse to come to his house for the 1st 1-2 weeks after he returns home post surgery to provide in-home physical and occupational therapy as well as postoperative medical care. A progress report dated July 23, 2013, includes subjective complaints indicating pain in both knees as well as clicking in the left knee. Objective examination identifies a lump with a scar in the right knee as well as an effusion in the right knee. There is tenderness to palpation over the right medial joint line. Diagnosis includes localized osteoarthritis in the lower leg. The treatment plan recommends x-ray examination of both knees. A report of an x-ray dated July 23, 2013, identifies left knee with tricompartmental arthritis. A May 2013 note indicates that overall his knees are doing well. Diagnoses include primary localized osteoarthritis lower leg-improved, unspecified derangement of lateral meniscus-improved and other/unspecified derangement of medial meniscus-improved. A progress report dated April 30, 2013, indicates that the patient has only mild right knee discomfort.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Visiting nurse two times per week for two weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

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

**Decision rationale:** Regarding the request for home health care, the California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Within the documentation available for review, it is unclear whether the surgical procedure in question has been authorized. Additionally, it is unclear exactly what the visiting nurse would be doing. The note indicates that she would take care of occupational therapy and physical therapy responsibilities, but this is outside the scope of practice for a registered nurse. The note also indicates that the nurse would handle postoperative medical care. There is no specific explanation of what this care would be. Home nursing is not usually required following total knee arthroplasty. In the absence of clarity regarding those issues, the currently requested visiting nurse is not medically necessary.