

<b>Case Number:</b>	CM13-0017221		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	04/03/2003
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 least at 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 male patient with a date of injury of April 3, 2003. A utilization review determination dated August 16, 2013 recommends certification of 6 visits of home physical therapy. A request for home health nursing dated August 16, 2013 is recommended for non-certification. The note indicates that the home health nurse is for IV antibiotics, "but this was discontinued on August 2, 2013." An operative report dated September 10, 2013 indicates that the patient underwent re-implantation of right total knee replacement. Discharge paperwork dated September 10, 2013 recommends home health to remove staples on September 23. Post-op orders recommend continuing aspirin, Bactrim DS one pill orally twice a day for 10 days, and Norco PRN. A progress report dated September 3, 2013 indicates that the patient underwent right knee removal of infected component with placement of temporary antibiotic spacer and component. The patient has been off antibiotics and no evidence of recurrent infection is present. Therefore, re-implantation is reasonable. A progress report dated July 15, 2013 recommends continuing IV antibiotic therapy for 3 more weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health nursing visits:** 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 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009), Home health services Page(s): 51.

**Decision rationale:** Regarding the request for home health care, 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, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. It does not appear that the patient is still on IV antibiotics. The request indicates that the nurse is to remove the patients staples, but that would not require multiple home health visits. Additionally, in a patient with a history of post-total knee arthroplasty infection, it is unclear why the doctor would not want to see the patient himself to evaluate for any signs of re-infection. In the absence of clarity regarding those issues, the currently requested home health nursing is not medically necessary.