

Case Number:	CM13-0017461		
Date Assigned:	12/11/2013	Date of Injury:	10/23/1992
Decision Date:	02/28/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 62 year-old female with a 10/23/1992 industrial injury claim. According to the 10/30/13 report, her diagnoses include: s/p unicompartmental replacement, left; s/p knee joint replacement, left; OA left knee. She presents with left knee pain and ambulates with a cane in her right hand. The IMR application shows a dispute with the 8/1/13 UR decision on the home health care x4 hours/day. The UR letter was from [REDACTED] and was based on the 7/23/13 orthopedic report. Unfortunately, the 7/23/13 report was not provided for this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care (x4 hours/day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulleting Home Health Aides May 17, 2005.

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

Decision rationale: There is limited information available for this IMR. UR apparently denied a request for home health care 4h/day, based on a 7/23/13 orthopedic report. I have not been

provided this report, and cannot tell what the rationale is. The closest report available to the 7/23/13 is dated 4/30/13 from [REDACTED], or 9/1/13 from [REDACTED]. [REDACTED] does not provide a diagnosis or discussion for home health care. [REDACTED] report appears to suggest the patient is anticipating some type of surgery, but it is delayed due to the patient's hemoglobin levels. [REDACTED] refers to his 8/19/13 letter, which was also not provided for this IMR. The 3/26/13 report from [REDACTED] notes a failed left knee arthroplasty, and that the patient is willing to undergo a transfusion. The 1/15/13 report from [REDACTED] discusses Hgb still low for revision surgery. MTUS for home health care states: "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. " In the available records, there is no indication that the patient is homebound, and no discussion as to what medical treatment is needed to be provided at home. From the limited information available for this IMR, the request does not appear to be in accordance with MTUS guidelines.