

Case Number:	CM13-0018312		
Date Assigned:	10/11/2013	Date of Injury:	03/01/2008
Decision Date:	01/21/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/29/2013

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 Orthopedic Surgery, 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:

Clinical records for review include a 07/23/13 assessment with [REDACTED], stating subjective orthopedic complaints of left elbow pain, low back pain, and right knee pain. He indicates at that time that a recent right knee corticosteroid injection provided two weeks of relief with objective findings showing tenderness over the lateral elbow and insertion of the triceps tendon with range of motion full and unrestricted. Knee examination showed crepitation and patellofemoral grinding with 0 to 120 degrees range of motion and 4 out of 5 strength to the entire right and hip flexor and knee extensor on the left lower extremity. The claimant was diagnosed with 1. Left elbow triceps tendonitis, 2. Lumbar disc disease, 3. Low back syndrome, 4. Status post right knee surgery, 5. Right knee osteoarthritis, 6. Left below knee amputation, and 7. Diabetes. Request was submitted for a right total knee replacement procedure. It is unclear as to whether or not procedure has occurred for clinical records for review, but at present, there is a sole request for home health care, three hours per day four days per week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 3 hours per day 4 days per week for 4 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines, the role of home health care three days per week for four days a week, i.e. 12 hours a week for four weeks would be deemed medically necessary. The request is noted for a right total replacement surgery in a claimant who is status post a left below knee amputation. The role of the requested home care would fit clinical guidelines of less than 35 hours per week in an individual who would be considered homebound on a part time or an intermittent basis. The specific request at present would appear to be medically necessary.