

Case Number:	CM13-0033931		
Date Assigned:	12/06/2013	Date of Injury:	12/11/2011
Decision Date:	01/16/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/11/2013

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 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

A 56 year old female with 12/11/11 date of injury. Listed diagnoses include bilateral fee deformity, left ankle sprain, left knee pain, right knees/p arthroscopy, lumbar spine compensatory pain from altered gait. The patient underwent right TKA as well. 9/23/13 report indicates that the patient is scheduled for right ankle replacement, doing very well regarding right knee, slowly regaining strength. Physical therapy and meds are recommended. The report is by [REDACTED]. 9/9/13 report by [REDACTED] states that the patient has increased pain in the left ankle, definitely cannot work in a standing position. Ankle arthritis as assessment. No discussion regarding the patient's functional level at home. 8/19/13 report by [REDACTED] has patient participating in PT, waiting for authorization for a gym. Exam show ambulation with cane. 7/8/13 report, pain improved significantly with partial knee replacement, happy with results, has lots of quads weakness. She cannot really get off a chair completely, lacks full flexion, 110 degrees of flexion. 12 more sessions of PT recommended. 6/10/13 report has anxiety attacks, crying uncontrollably in the office. Apparently walker tray, left lifter, shower bench and reacher were all denied. The treater again recommends these items, and to start PT. Psychological evaluation and treatments also recommended. 5/8/13, pre-op evaluation for right knee arthroscopy and lateral compartment arthroplasty. 4/15/13 report, patient is eager to have surgery, and this has been authorized. There is no discussion regarding the patient's functional level at home. Physical therapy notes from 11/5/13 states that the patient is s/p total ankle replacement from 11/19/13, and has difficulties with standing, getting up from chair, transferring, walking, and driving. UR letter from 9/26/13 denied the request stating that the request did not meet medical necessity guidelines per CA MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Physician Reviewer's decision rationale: This patient has multiple musculoskeletal issues having had knee partial replacement and now an ankle replacement. There is a request for home health evaluation but I was not able find a progress report discussing this request. Therefore, I am unable tell what the request is precisely for. Despite review of multiple progress reports from this year, I am unable to what the patient's current functional level and home situation is. Therapy note from November 2013 does show that the patient is s/p ankle replacement and has difficulties with mobility and transfers. MTUS supports home care if the patient is home bound. Recommendation is for authorization of the home health evaluation.

The use of an aide 4-6 hours per day for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Official Disability Guidelines (ODG).