

Case Number:	CM13-0034241		
Date Assigned:	12/06/2013	Date of Injury:	04/20/2010
Decision Date:	04/03/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/10/2013

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 Internal Medicine, and is licensed to practice in New York. 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:

The patient is a 52 year old female with a date of injury on 04/20/2010. On 09/07/2012 she had arthroscopic surgery of the right knee (chondroplasty, debridement, medial meniscectomy, lateral meniscectomy). She had low back pain, right hip pain and right knee pain during multiple office visits: 08/29/2012, 09/19/2012, 10/17/2012, 11/28/2012, 01/14/2013, 02/27/2013, 05/20/2013, and 09/04/2013. She has chronic L5-S1 dysethesia. EMG/NCS revealed a chronic right S1 radiculopathy. On 05/30/2013 she had tenderness to palpation of the medial femoral condyle. The diagnosis was osteoarthritis of the right knee. On 08/26/2013 it was noted that she was attending physical therapy in preparation to a total right knee arthroplasty next month. On 09/18/2013 she had a right total knee arthroplasty. On 09/24/2013 she had an office visit. She complained of right leg pain (6/10) and weakness. On 09/27/2013 the requests for skilled nursing visits was received and was denied on 09/30/2013. On 11/07/2013 there was no right knee swelling or erythema. She was to resume driving and use a stationary exercise bike.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT SKILLED NURSING VISIT THREE (3) TIMES A WEEK FOR ONE (1) WEEK: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014 Home Health Services.

Decision rationale: The specific reason for the need for home care was not submitted by the provider. It is up to the reviewer to contemplate exactly what the home care health providers would be doing for this patient. MTUS notes that the maximum allowed physical therapy visits after a knee total arthroplasty is 24 visits over 4 months. However, there is no mention home health services. ODG for home health services recommend medical treatment only when the patient is homebound and on an intermittent basis. Medical treatment does not include home making services, custodial care, cleaning, shopping, laundry, transportation or personal care. There is documentation that she did receive routine post operative care in a physical office and was not homebound. The documentation submitted does not substantiate the medical necessity of any home care services.

URGENT SKILLED NURSING VISIT TWO (2) TIMES A WEEK FOR ONE (1) WEEK:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG - Official Disability Guidelines, Knee & Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014 Home Health Services.

Decision rationale: The specific reason for the need for home care was not submitted by the provider. It is up to the reviewer to contemplate exactly what the home care health providers would be doing for this patient. MTUS notes that the maximum allowed physical therapy visits after a knee total arthroplasty is 24 visits over 4 months. However, there is no mention home health services. ODG for home health services recommend medical treatment only when the patient is homebound and on an intermittent basis. Medical treatment does not include home making services, custodial care, cleaning, shopping, laundry, transportation or personal care. There is documentation that she did receive routine post operative care in a physical office and was not homebound. The documentation submitted does not substantiate the medical necessity of any home care services.

URGENT SKILLED NURSING VISIT FIVE (5) TIMES A WEEK FOR ONE (1) WEEK:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Official Disability Guidelines, Knee & Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014 Home Health Services.

Decision rationale: The specific reason for the need for home care was not submitted by the provider. It is up to the reviewer to contemplate exactly what the home care health providers

would be doing for this patient. MTUS notes that the maximum allowed physical therapy visits after a knee total arthroplasty is 24 visits over 4 months. However, there is no mention home health services. ODG for home health services recommend medical treatment only when the patient is homebound and on an intermittent basis. Medical treatment does not include home making services, custodial care, cleaning, shopping, laundry, transportation or personal care. There is documentation that she did receive routine post operative care in a physical office and was not homebound. The documentation submitted does not substantiate the medical necessity of any home care services.