

Case Number:	CM13-0035670		
Date Assigned:	12/13/2013	Date of Injury:	01/13/2010
Decision Date:	02/10/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/17/2013

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 Cardiology, has a Fellowship trained in Cardiovascular Disease and is licensed to practice in Texas. 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 66-year-old male who reported an injury on 01/13/2010. The initial mechanism of injury was not provided in the medical records. The initial course of treatment was not provided; however, it is known the patient has failed multiple attempts at conservative treatment. These treatments included arthroscopic debridement, viscosupplementation, cortisone injections, physical therapy, and medication management to the right knee. The patient had continuing chronic pain of the right knee that included crepitus, swelling, and stiffness. Due to his failure of conservative treatment and confirmation of arthritis with x-rays and arthroscopic visualization, the patient elected to receive a total knee arthroplasty. This procedure was done on 09/23/2013; no discussion of his postoperative course was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two(2) months of Home Health Services: 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 Care Page(s): 51.

Decision rationale: The California MTUS Guidelines recommend home health services for otherwise homebound patients of no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care if those are the only services needed. The medical records submitted for review did not provide any clinical information past the surgery procedure note dated 09/23/2013; therefore, medical necessity cannot be determined. As such, the request for 2 months of home health services is non-certified.