

Case Number:	CM13-0037670		
Date Assigned:	12/18/2013	Date of Injury:	08/24/2004
Decision Date:	02/10/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/24/2013

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:

The is a 53 year old male with left knee pain, an industrial injury sustained on 8/24/04 and is status post left knee arthroscopy on 12/14/12. Exam note from 8/21/13 demonstrates antalgic gait. Trace effusion noted with medial joint line tenderness. The patient has a diagnosis of left knee osteoarthritis with plan for total knee arthroplasty. Total joint arthroplasty not authorized per review of records. The current request is for postoperative home health physical therapy 3x/week for 2 weeks left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Home Health Physical Therapy 3xWk x 2wks for the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation ODG Knee and Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: CA MTUS/ACOEM guidelines are silent on the issue of home health physical therapy. ODG Knee and Leg states regarding home health services: Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. Medical treatment does not include homemaker services like

shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case there is insufficient evidence in the medical records to support home health services and the determination is non-certification.