

<b>Case Number:</b>	CM13-0040095		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	11/03/1998
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Pennsylvania. 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:

Records indicate the claimant sustained a prior vocational injury on 05/14/08. The patient has a history of multiple joint replacement procedures and has recent complaints of right knee pain and instability after right knee arthroplasty. It is not clear if the patient has significant functional concerns with other joints. A revision right knee arthroplasty is planned and a home health request one to two times per week for four weeks has been requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health nurse 1-2 x 4 wks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Home health services are recommended by California MTUS Guidelines only for otherwise recommended medical treatment for patients who are homebound. This medical treatment does not encompass homemaker services, when this is the only care needed. The guidelines allow for up to 35 hours a week on a part time basis for the medical treatment of homebound patients. Though guidelines allow for such treatment, the specific nature of the

medical treatment requested following the revision knee arthroplasty has not been outlined. Records suggest that the patient has already been approved for an acute hospital stay following the operation as well as postoperative physical therapy. Additional medical treatment needs are unknown and the rationale for two eight hour visits a week for four weeks is unclear. The guidelines specify only part time or intermittent care allowing no more than 35 hours per week. Additional information is necessary to justify what medical care is required for an 8 hour visit twice a week. The request as stated cannot be recommended given this lack of information and the lack of consistency with the part time or intermittent basis allowed.