

Case Number:	CM13-0043599		
Date Assigned:	03/26/2014	Date of Injury:	01/10/2008
Decision Date:	06/30/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine 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 expert 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 61 year old male who was injured on on 01/10/2008. The mechanism of injury is unknown. The patient is status post bilateral knee arthroscopies, right knee on 11/06/2008 and left knee on 06/06/2007; and status post right total knee arthroscopy on 10/02/2013. Per UR, RFA dated 10/16/2013 request home health aide x6 hours/day x2 weeks and retro: nurses initial visits. Orthopedic report dated 10/14/2013 states the patient presents 12 days postoperative for the right total knee arthroplasty. On exam, range of motion is near full to 90 degrees. The assessment is postsurgical states OT, localized osteoarthritis unspec. leg. The plan is to start the patient on postoperative physical therapy. The patient needs a Home Health Aide for 6 hours a day for 2 weeks which is recommended by Home Health evaluation. On 10/11/2013, the patient is recommended a home health aide for 6 hours a day fo 2 weeks. So for the initial visit, the patient needs an initial nursing visit upon the start of care. The acute pain consult dated 10/02/2013 indicates the patient presents with severe postoperative pain, which was inadequately treated. He rates his pain as an 8/10. He is using opioid medications and often develops tachyphylaxis which is felt to be due to narcotics. The patient lives with his wife of 40 years who is at his bedside to discuss the report. On exam, the right knee has a cold therapy unit placed. His dressing appears dry with a Hemovac drain connected to auto transfuser. The discharge diagnoses are severe degenerative joint disease of the right knee; status post right total knee arthroplasty; hypertension, tachycardia, obstructive sleep apnea, history of nephrolithiasis, obesity and a history of mass removal from the right hand. The patient was admitted for the schedule procedure of right total knee replacement. Postoperation, the patient had an acute pain. The patient has present tachycardia along with uncontrolled hypertension, in which cardiology consult has been done. The patient is stable and will be discharged. He will continue with all pain medications as per ordered, along the DVT prophylaxis for 1 more week. The prior UR

dated 10/17/2013 states home health is required for medical care that is in need of skilled nursing. There is no evidence that a home health aide or the assistance of nurse is required or stated in medical care plan; therefore the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE (6 HOURS PER DAY FOR 2 WEEKS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Home Health Services Pa.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Home Health Services Page(s): 51.

Decision rationale: According to MTUS guidelines, home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. 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. This patient is a 61 year old with DOI of 1/10/08. He underwent R knee arthroscopy 11/6/08, L knee arthroscopy 6/6/07, and R total knee replacement 10/2/13. After R total knee replacement, the patient spent 3 days in the hospital for post-operative pain control, sinus tachycardia, hypertension, hyperglycemia, atelectasis, and leukocytosis. Pain Management and Cardiology were consulted. The patient was discharged in stable condition on 10/5/13. On, post-operative day 12, there is apparently an orthopedic report stating the patient's wound is clean and dry, range of motion is 90 degrees, and post-operative physical therapy is planned. A Home Health Aid for 6 hours a day for 2 weeks is requested as recommended by a Home Health Evaluation, the report of which is not available. The medical necessity is not established. The patient is already 12 days post-op at the time of the request and appears to be doing well. There is no rationale provided for the requested service. The patient is not documented to be homebound. There is no discussion of what medical treatment the patient needs at home. The patient does not appear to require skilled medical services. The requested number of hours per week, 42, exceeds the maximum recommended of 35.

RETROSPECTIVE REVIEW OF NURSES INITIAL VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Home Health Services Page(s): 51.

Decision rationale: According to MTUS guidelines, home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment

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