

Case Number:	CM13-0046013		
Date Assigned:	01/15/2014	Date of Injury:	03/01/2009
Decision Date:	04/09/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/13/2013

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:

This claimant is a 57-year-old injured on March 1, 2009. The clinical records provided for review documented that the claimant continued to have complaints of left knee pain and had failed conservative care. The November 12, 2013 utilization review authorized the request for left total knee arthroplasty with a three-day inpatient length of stay. The clinical request in this case is for postoperative home health visits for a three-week period of time. There was no other specific documentation for this request with the exception of a notation that the claimant had strong family support including a wife that would be able to care for the claimant while at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE HOME HEALTH VISITS FOR 3 WEEKS: 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: Based on California MTUS Chronic Pain medical Treatment Guidelines, the request for home health services for a three-week period of time in this case would not be indicated. The time frame for how often home care would occur during the three week time

frame is not documented. Chronic Pain Medical Treatment Guidelines only recommend home health services in cases where patients are homebound and generally up to no more than 35 hours per week. The diagnosis of postop total knee arthroplasty in and of itself does not make the claimant homebound. There is also documentation that the claimant has apparently strong family support and no specific underlying comorbid diagnoses to support the need for home health services. The request for post-operative home health visits for three weeks is not medically necessary and appropriate.