

Case Number:	CM13-0051194		
Date Assigned:	12/27/2013	Date of Injury:	12/09/2010
Decision Date:	05/15/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine & Rehabilitation 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 underlying date of injury in this case is 12/09/2010. The primary treating diagnosis is osteoarthritis of the knee. This patient is status post a left knee Oxford unicompartmental osteoplasty on 06/12/2011. On 09/24/2013, the patient's treating orthopedic surgeon saw the patient in followup with ongoing left knee pain. The patient requested a conversion to a total knee replacement. On exam the patient had an antalgic gait with pain on palpation of the peroneal tendon and pain with direct palpation along the posterior aspect of the lateral malleolus. The patient's diagnoses additionally included right ankle chronic ATFL (anterior talofibular ligament) tear, right peroneal tendon splint, and an osteochondral defect of the talar dome. The treating orthopedic surgeon requested to proceed with a left total knee arthroplasty conversion. An initial physician review concluded that a 54-year-old man status post a total knee arthroplasty Final Determination Letter for IMR Case Number CM13-0051194 3 would require a home health evaluation, with ongoing treatment options determined after the evaluation, and noted, "The safety checks are not medically necessary at this time

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH EVALUATION AND SAFETY CHECK: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG), Knee and Leg Chapter, Home Health Services.

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

Decision rationale: The Expert Reviewer's decision rationale: The Medical Treatment Utilization Schedule, section on home health services, states that home health services are recommended only for otherwise recommended treatment for patients who are homebound on a part-time or intermittent basis up to 35 hours per week. Implicit in this guideline is the need for an assessment to determine if a patient is homebound and to determine what assistance the patient may require. A prior physician reviewer in this case concluded that "safety checks are not medically necessary at this time." The current request, however, is not a plural request for safety checks but rather is a singular request for a home health evaluation and safety check. In other words, the current request is for a home health evaluation to verify the patient's safety, presumably in a postoperative situation. The request is not for ongoing safety checks, which appears to have been the interpretation of the initial reviewer. The current request for a home health evaluation/safety check would be supported by the treatment guidelines in the postoperative setting after a total knee replacement. This request is medically necessary.