

Case Number:	CM13-0051209		
Date Assigned:	12/27/2013	Date of Injury:	12/09/2010
Decision Date:	04/25/2014	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 Emergency Medicine and is licensed to practice in New York. 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 46-year-old male who was injured on December 9, 2010, when he stepped into a hole that was 2 feet deep. The patient underwent left knee Oxford procedure on June 12, 2011. The patient continued to experience left knee pain. Imaging studies of the left knee reported possible loosening at the inferior order of the tibial plate of the Oxford unit. Diagnosis was left medial compartment arthritis. The physician requested left total knee arthroplasty conversion. Request for authorization for postoperative home health physical therapy three times weekly for four weeks was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE HOME HEALTH PHYSICAL THERAPY THREE TIMES A WEEK FOR TWO WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions Page(s): 51. Decision based on Non-MTUS Citation UpToDate: Patient Information: Total Knee Replacement (Beyond the basics).

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that home health services are recommended only for recommended medical treatment in patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. In this case total knee replacement was being requested for the patient. The patient can be expected to assume normal activities within 3-6 weeks of surgery. The patient will not be homebound for four (4) weeks. Therefore, four (4) weeks of home care is not medically necessary. Medical necessity is not established.