MAXIMUS Federal Services

Case Number:	CM13-0052959		
Date Assigned:	12/30/2013	Date of Injury:	10/31/1996
Decision Date:	08/08/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/18/2013

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:

This is a 52 year-old male with a 10/31/96 date of injury to his left knee after falling down a ramp at home. The patient was seen on 9/27/13 for chondromalacia and an ACL tear of the left knee. An MRI dated 9/9/13 revealed an ACL rupture and tearing of the posterior horn of the medial meniscus. The patient was seen on 10/23/13 with exam findings revealing positive patellar glide and tenderness with crepitus. No instability was noted. Surgical intervention was recommended. A UR decision approved the ACL reconstruction and postoperative physical therapy. The patient had an ACL repair on 10/28/13. The patient's treatment to date includes medications, physical therapy, hemolysis, elevated liver enzymes, and low platelets. An adverse determination was received on 10/25/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

14 DAYS OF HOME HEALTH POST-OP FOR THE LEFT KNEE, (6) HOURS PER DAY FOR (2) WEEKS: Upheld

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

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

Decision rationale: The California MTUS states that 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. This patient had an ACL repair on 10/23/13. There is no documentation to support home health 6 hours daily 7 days a week for two weeks. The patient was noted to be participating in physical therapy and home exercises 10 days post operatively. Therefore, the request for 14 days of home health post-op for the left knee, (6) hours per day for (2) weeks was not medically necessary.