

Case Number:	CM13-0054571		
Date Assigned:	12/30/2013	Date of Injury:	02/20/2012
Decision Date:	06/03/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/20/2013

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 Internal 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 worker sustained a knee injury on 2/20/2012 and underwent total knee arthroplasty on September 19, 2013 followed by 14 days skilled nursing rehabilitation, and home health rehabilitation. Evaluation on October 22, 2013 reports physical and occupational therapy and exercise at home, and also reports the presence of a wound. Examination notes knee incision healed and range of motion 0-70 degrees. Examination of the buttock wound is not recorded. Physical therapy notes report she ambulates 1.5 blocks and climbs up and down 5 stairs. Home health nurse notes document a 1 cm long, 2 cm wide, 0 cm deep buttock wound; notes state the worker had "just returned from eye doctor," and that the nurse "observed daughter perform wound care...very well done." Wound care orders are for topical applications only.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH NURSE 2 TIMES A WEEK UNTIL WOUND IS CLOSED: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health services Page(s): 57.

Decision rationale: The MTUS Chronic Pain Guidelines states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound. Medical care does not include personal services. The injured worker is not homebound. The wound is has been examined and documented by a skilled clinician and is documented to be minor. The care provided can be performed, and is stated by a skilled nurse to be well performed, at a custodial level. Therefore this request is not medically necessary and appropriate.