

Case Number:	CM13-0055330		
Date Assigned:	12/30/2013	Date of Injury:	12/09/2010
Decision Date:	05/28/2014	UR Denial Date:	11/04/2013
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 Anesthesiology, has a subspecialty in Pain Management 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 patient is an employee of [REDACTED] and has submitted a claim for left knee medial compartment arthritis, status post Oxford procedure associated with an industrial injury date of December 9, 2010. Treatment to date has included oral analgesics, physical therapy, left knee arthroscopy with partial medial meniscectomy and left knee Oxford procedure. Utilization review dated November 4, 2013 denied the request for home health evaluation and safety check because specific concerns with regards to safety issues and home health assessment have not been identified. Medical records from 2013 were reviewed and showed left knee and right ankle pain. Physical examination showed tenderness and slight edema over the anterior talofibular ligament (ATFL), posterior aspect of the lateral malleolus, and peroneal tendon traverses at the superior peroneal reticulum. Left knee examination showed a slight antalgic gait. There was no limitation of motion, effusion, nor excessive varus or valgus instability. The patient was diagnosed with left knee medial compartment arthritis, status post Oxford procedure, right ankle chronic ATFL tear, right peroneal tendon split and osteochondral defect of the talar dome. The patient had been certified with left knee total replacement on October 8, 2013 however, the date of surgery was not specified.

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: Upheld

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

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

Decision rationale: On page 51 of the CA MTUS Chronic Pain Medical Treatment Guidelines recommends home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis. Home health service does not include homemaker services or personal care. In this case, objective evidences with regards to safety issues and home health assessment were not provided. In addition, recent progress reports did not mention that the patient was homebound nor was there any mention of his current work status. The description of the actual services to be performed was not indicated in the documentation. Therefore, the request for a home health evaluation and safety check is not medically necessary.