

Case Number:	CM13-0057249		
Date Assigned:	12/30/2013	Date of Injury:	01/22/2007
Decision Date:	04/10/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/25/2013

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 Orthopedic Surgery, 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 claimant is 75 years old and previously sustained injuries to both knees. On May 21, 2009 the claimant had a right total knee arthroplasty. The claimant has developed left knee osteoarthritis and a left total knee arthroplasty has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CAREGIVER FOR POST-OP CARE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Home care is not typically necessary following knee replacement. The typical postoperative course would be anywhere from three to five days inpatient hospitalization followed by a stay in a rehabilitation facility. During the stay in the rehabilitation facility the claimant would likely gain independence in activities of daily living, ambulation with an assistive device, and be capable of being discharged to home. In the medical records provided for review there is no documentation of extenuating circumstances or comorbid medical conditions

that would place the claimant homebound after discharge from rehabilitation to support the need for postoperative home care. The request is not medically necessary and appropriate.