

Case Number:	CM13-0060299		
Date Assigned:	12/30/2013	Date of Injury:	12/03/2009
Decision Date:	06/25/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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, a 59-year-old female, sustained injuries to her low back and bilateral lower extremities on December 3, 2009. Specific to the claimant's right knee, the records available for review include a December 3, 2011, operative report documenting knee arthroscopy, debridement and partial medial and lateral meniscectomy. A handwritten progress report dated December 10, 2013, described bilateral knee complaints; physical examination showed an antalgic gait, joint line tenderness, restricted range of motion and a varus deformity of the right knee. A working assessment of status post right knee arthroscopy with continued pain was noted. The records report that failed care included viscosupplementation injections, prior physical therapy and arthroscopy. The claimant is reported to have a height of 4 feet 11 inches and weight of 230 pounds, producing a body mass index of 46.4. Based on failed conservative care, the treating physician recommended a right knee arthroplasty, as well as a supervised weight loss program. This review addresses the request for right knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP HOME HEALTH CARE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, home health care use post-operatively would not be indicated. The clinical records for review indicate the employee's need for arthroplasty to the knee has not yet occurred with no documentation to support the surgery provided. At present, the lack of documentation to indicate the surgical process has occurred would fail to support the role of home health services in the post-operative setting. The specific request in this case would not be deemed medically necessary.