

Case Number:	CM13-0069318		
Date Assigned:	01/03/2014	Date of Injury:	11/20/2006
Decision Date:	10/08/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/20/2013

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 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:

59-year-old claimant was reported industrial injury of November 20, 2006. Exam note from November 26, 2013 demonstrates an addendum report to add treatment recommendations. Exam reports claimant is status post total knee replacement on 11/8/2013. Prior utilization review notes from December 16, 2013 demonstrate certification for postoperative therapy along with knee surgery. No medical rationale is given in the records for registered nurse wound care. There is no evidence in the records of an open wound or dressing changes being required. Exam note December 30, 2013 demonstrates the claimant has completed 3 knee postoperative physical therapy systems which is help decrease pain. Exam demonstrates a well-healed surgical incision is noted on the anterior aspect of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

RN wound 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 Home Health Services Page(s): 51.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are home-bound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration." There is no evidence in the records from 12/30/13 that the patient is home bound. While she ambulates with a cane there is no other substantiating reason why a registered nurse is required for wound care. Therefore determination is not medically necessary and appropriate.

Skilled nursing care - physical therapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Skilled nursing facility length of stay

Decision rationale: CA MTUS/ACOEM is silent on the issue of acute rehab or skilled nursing length of stay. According to the ODG, Knee and Leg, Skilled nursing facility LOS (SNF), "Recommend up to 10-18 days in a skilled nursing facility (SNF) or 6-12 days in an inpatient rehabilitation facility (IRF), as an option but not a requirement, depending on the degree of functional limitation, ongoing skilled nursing and / or rehabilitation care needs, patient ability to participate with rehabilitation, documentation of continued progress with rehabilitation goals, and availability of proven facilities, immediately following 3-4 days acute hospital stay for arthroplasty." The decision for acute rehab or skilled nursing facility will be dependent on the outcome following the knee replacement and objective criteria during the acute inpatient admission. As there is no evidence of the results of the rehab process during the inpatient admission from 11/8/13, the service is not medically necessary and appropriate.

Post-op physical therapy, 2x6 weeks, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: Per the CA MTUS/Post-Surgical Treatment Guidelines, page 24, arthroplasty of the knee recommends 24 visits over 10 weeks with a post-surgical treatment period of 4 months. The guidelines recommend of the authorized visit initially therefore 12 visits are medically necessary. As the request records from 12/16/13 demonstrate 3 visits completed, the current request exceeds the guidelines. Therefore, physical therapy, 2x6 weeks, 12 sessions is not medically necessary and appropriate.

Home health care; 3 hrs a day, 5 days a week: 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 Home Health Services Page(s): 51.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are home-bound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration." There is no evidence in the records from 12/30/13 that the patient is home bound. While she ambulates with a cane there is no other substantiating reason why home health services are required. Therefore home health care; 3 hours a day, 5 days a week is not medically necessary and appropriate.