

Case Number:	CM13-0069474		
Date Assigned:	01/03/2014	Date of Injury:	10/11/2010
Decision Date:	05/06/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/23/2013

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 a 60-year-old male who suffered a vocationally related injury on 10/11/10. During the course of that injury, he suffered an aggravation of his underlying preexisting right knee arthritis. The records reflect that he has been diagnosed with end-stage arthritis, for which it has been recommended that he undergo a right total knee arthroplasty based on the severity of his arthritis and the failure of conservative measures. It was recommended that he have postoperative home physical therapy services and home health nursing services twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH NURSING 1-2 DAYS A WEEK FOR FOUR WEEKS: 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 Page(s): 51.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that home health services, including home health nursing, would be considered reasonable for individuals who are otherwise homebound. While there is no predicting that this individual may not develop a wound

problem or require home health services beyond the recommended two weeks, it is more likely that this patient's wound would heal uneventfully and that this patient would be able to transition to an outpatient setting for their physical therapy. As such, the request for four weeks home health services would appear to be more than typically recommended or medically necessary, and therefore would not be considered reasonable in this setting. As such, the request is noncertified.

HOME HEALTH PHYSICAL THERAPY 1-2 DAYS A WEEK FOR FOUR WEEKS:
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 Page(s): 51.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that home health services, including home physical therapy, would be considered reasonable for individuals who are otherwise homebound. While there is no predicting that this individual may not develop a wound problem or require home health services beyond the recommended two weeks, it is more likely that this patient's wound would heal uneventfully and that this patient would be able to transition to an outpatient setting for their physical therapy. As such, the request for four weeks home physical therapy would appear to be more than typically recommended or medically necessary, and therefore would not be considered reasonable in this setting. As such, the request is noncertified.