

<b>Case Number:</b>	CM14-0010880		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	08/06/2003
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Expedited	<b>Application Received:</b>	01/28/2014

### 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 New York. 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 patient is a 51-year-old female who had left total knee arthroplasty and developed infection. The first knee surgery was performed in July 2012. She developed an infection after that surgery and underwent removal of her prosthesis and placement of a cement implant on December 3, 2013. Since that time the patient has been treated with antibiotics. Aspiration of the knee in January 2014 revealed no evidence of infection. The patient is now prepared to go revision left total knee arthroplasty. The patient has had physical therapy and ultrasound of the left knee which did not reveal any evidence of deep vein thrombosis. At issue is whether additional home health postop physical therapy is necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URGENT home health post-op physical therapy for left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation ODG Knee and Leg, Home Health Services,

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Home Health Services

**Decision rationale:** There is no documentation that the patient will be either homebound or bedbound after the surgery. While revision left total knee surgery as medically necessary, he remains unclear whether home health evaluation and postop home physical therapy are medically necessary. Because the fact that no documentation exists indication that the patient will be homebound or bedbound after the surgery, guidelines for home health physical therapy postoperatively are not met at this time.

**URGENT home health evaluation and safety check:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation ODG Knee and Leg, Home Health Services,

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Home Health Services

**Decision rationale:** There is no documentation that the patient will be either homebound or bedbound after the surgery. While revision left total knee surgery as medically necessary, he remains unclear whether home health evaluation and postop home physical therapy are medically necessary. Because the fact that no documentation exists indication that the patient will be homebound or bedbound after the surgery, guidelines for home health physical therapy postoperatively are not met at this time.