

Case Number:	CM14-0013452		
Date Assigned:	02/26/2014	Date of Injury:	11/04/2008
Decision Date:	07/30/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/03/2014

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 Surgeon, and is licensed to practice in Texas. 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 injured worker is a 52-year-old female who reported injury on 11/04/2008. The mechanism of injury was a slip and fall. The injured worker underwent multiple surgeries to the right knee with the most recent being a total knee arthroplasty on 12/2013. The injured worker underwent a cardiac consultation prior to the surgical procedure on 10/22/2013, which indicated the injured worker had a blood pressure of 112/70 with a heart rate of 72. An EKG showed normal sinus rhythm with no ST or T wave abnormality and no conduction abnormality. The injured worker was cleared for surgery without a further ischemia evaluation. The documentation of 12/27/2013 revealed the injured worker had no signs of deep vein thrombosis and was to continue on Coumadin. The clinical documentation submitted for review indicated the injured worker had received discharge orders on 12/12/2013, which revealed a PT/INR draw on 12/13/2013, and an RN and physical therapy visit 3 times a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

RN evaluation and 10 follow up visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Home health aide.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services, page 51 Page(s): 51.

Decision rationale: The California MTUS states home health services are recommended only for patients who are homebound and who are in need of part time or intermittent medical treatment of up to 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The California MTUS Guidelines indicate home health services are recommended only for patients who are homebound and who are in need of part-time or intermittent medical treatment of up to 35 hours per week. While the clinical documentation indicated the injured worker had a discharge order for a home RN and physical therapy, the documentation was not provided for review to support the necessity for an RN evaluation and follow-up visits. There was not enough documentation indicating the injured worker was homebound and was in need of part-time or intermittent medical treatment. There was a no DWC Form RFA and PR-2 to support the request. Additionally, the request as submitted did not indicate who would be following up with the patient. Given the above, the request for RN evaluation and 10 follow-up visits is not medically necessary.