

<b>Case Number:</b>	CM14-0159658		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	11/08/2010
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Surgery and is licensed to practice in Indiana. 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 63-year-old male with a date of injury of 11/8/10. As a result of the industrial accident in which the worker stepped in a hole and fell, the worker sustained an injury to his neck, right shoulder and left hand and complained of increased pain in the right and left knees. On an exam on 8/26/14, the worker was complaining of severe locking up and giving way of the right knee and x-rays revealed bone-on-bone deformity with a severe genu varus deformity with marked tri-compartmental disease. The knee exam revealed a 5-degree flexion contracture, flexion to 115 - 120 degrees with a 4+effusion, 2+ crepitus and 1+ pitting edema of the lower leg. Surgery was scheduled for a right total knee arthroplasty. The worker had undergone a successful left total knee arthroplasty 6 months earlier on 2/24/14 and a mini-open right shoulder rotator cuff repair and biceps tenodesis on 3/13/13. The treating physician is requesting home health care post-operatively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health care post operative.:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Other Medical Treatment

Guideline or Medical Evidence: [www.cms.gov/Regulations-and-Guidance/Manuals/Downloads/bp102c07.pdf](http://www.cms.gov/Regulations-and-Guidance/Manuals/Downloads/bp102c07.pdf), Medicare Benefit Policy Manual, Chapter 7, Home Health Services

**Decision rationale:** The injured worker is a 64-year-old male s/p recent left total knee replacement who has developed increasing symptomatic osteoarthritis of the right knee requiring knee replacement surgery. The requested knee replacement surgery has been approved and the home health care request for 8 visits was only approved as a modified request for 4 visits to allow re-evaluation for continued need. According to the CA MTUS Chronic Pain Medical Treatment Guidelines for Home Health Services, home health services are Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. According to CMS Guidelines patients meeting the criteria for home health care include A patient who has just returned from a hospital stay involving surgery who may be suffering from resultant weakness and pain and, therefore, their actions may be restricted by their physician to certain specified and limited activities such as getting out of bed only for a specified period of time, walking stairs only once a day, etc. Also, according to CMS, approval is for a 60-day period of care. This worker receiving home care post-operatively after right total knee replacement meets the criteria for the guidelines outlined above and therefore is medically necessary.