

Case Number:	CM14-0159677		
Date Assigned:	10/03/2014	Date of Injury:	07/21/2007
Decision Date:	11/03/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	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 Occupational Medicine, 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:

This is a 57-year-old female with a 7/21/07 date of injury. The mechanism of injury occurred when she "turned to walk away" and felt a sudden pain with associated "snap and pop" in her left knee. According to the most recent report provided for review, a QME report dated 3/6/14, the patient stated that her left knee was doing well but had ongoing complaints of pain and instability about the right knee. Weight-bearing activities tend to worsen her right knee symptoms, she felt that her right knee gives out on her on occasion. She complained of pain in her lower back with occasional cramping in her thighs. The provider stated that the patient requires a conversion of the unicompartmental knee replacement of the right knee to a total knee replacement. Objective findings: some tenderness on palpation in the lower lumbar spine with no evidence of paraspinal spasms, painful lumbar spine range of motion, medial and lateral parapatellar tenderness of right knee, limited and painful right knee range of motion. Diagnostic impression: status post previous left knee ACL reconstruction (5/7/02), left knee internal derangement, status post left knee arthroscopy with partial medial meniscectomy and chondroplasty (10/2/07), status post right knee unicompartmental knee replacement (11/21/11), status post left knee arthroplasty (5/21/12). Treatment to date: medication management, activity modification, lumbar epidural steroid injections, acupuncture, physical therapy. A UR decision dated 9/4/14 denied the requests for Post-op home care assistance three hours a day for three days a week for four weeks, Post-op home care assistance four hours a day five days a week for 1 week, and Post-op home care assistance eight hours a day seven days a week for one week. A clear/legible rationale for the necessity of the requested post-operative home care assistance was not provided, considering that there was no documentation of any recent surgery done on this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op home care assistance three hours a day, three days a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Chronic Pain Treatment Guidelines Home Health Services.

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

Decision rationale: CA MTUS states that 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. However, in the present case, a QME report dated 3/16/14 recommended surgery, however it is unknown if the surgical procedure has been performed or authorized. There is no documentation of the patient's post-surgical condition, if in fact, the patient has undergone the surgical procedure. In addition, there is no documentation that the home care requested is for medical treatment purposes. 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. Therefore, the request for Post-op home care assistance three hours a day, three days a week for four weeks was not medically necessary.

Post-op home care assistance four hours a day, five days a week, for 1 week: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Chronic Pain Treatment Guidelines Home Health services.

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

Decision rationale: However, in the present case, a QME report dated 3/16/14 recommended surgery, however it is unknown if the surgical procedure has been performed or authorized. There is no documentation of the patient's post-surgical condition, if in fact, the patient has undergone the surgical procedure. In addition, there is no documentation that the home care requested is for medical treatment purposes. 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. Therefore, the request for Post-op home care assistance four hours a day, five days a week for 1 week was not medically necessary.

Post-op home care assistance eight hours a day, seven days a week, for one week: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Chronic Pain Treatment Guidelines Home Health Services.

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

Decision rationale: However, in the present case, a QME report dated 3/16/14 recommended surgery, however it is unknown if the surgical procedure has been performed or authorized. There is no documentation of the patient's post-surgical condition, if in fact, the patient has undergone the surgical procedure. In addition, there is no documentation that the home care requested is for medical treatment purposes. 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. Therefore, the request for Post-op home care assistance eight hours a day, seven days a week, for one week was not medically necessary.