

Case Number:	CM14-0173724		
Date Assigned:	10/27/2014	Date of Injury:	10/02/2008
Decision Date:	12/10/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/21/2014

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 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:

41 year old male claimant with an industrial injury dated 10/02/08. Exam note 07/23/14 states the patient returns with right knee pain. The patient explains a buckling sensation and spasms over the posterior aspect of the knee. Upon physical exam the patient had evidence of tenderness along the knee joint and the patellofemoral area. Range of motion was noted as 155' extension, and limited flexion. Exam note 09/19/14 the patient continues to have knee pain. The right knee range of motion has now decreased to 0'-88'. The pain was increased with edema in the right leg. Records document that that patient has had 116 physical therapy sessions to date. Diagnosis is noted as right knee and ankle sprain involving talofibular ligament. Treatment includes physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Physical therapy home care visits 3 times a week for 2 weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine and Home health services Page(s): 99, 51, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg

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

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are home-bound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration." There is no evidence in the records from 7/23/14 that the patient is home bound. There are no other substantiating reasons why home health services including physical therapy are required. In addition the patient has had multiple physical therapy sessions without demonstrated functional improvement to warrant further sessions. Therefore determination is for non-certification.