

Case Number:	CM14-0175821		
Date Assigned:	10/28/2014	Date of Injury:	04/16/2004
Decision Date:	12/05/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/23/2014

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:

According to the records made available for review, this is a 68-year-old female with a 4/16/04 date of injury, and status post right total knee replacement 12/08 and status post left total knee replacement 9/12/14. At the time (10/2/14) of request for authorization for home health care 8 hours per day, 7 days a week and transportation to medical and therapy appointments, there is documentation of subjective (intractable knee pain, post-operative for total knee replacement, moderate pain with significant limitations, patient is wheelchair dependent for ambulation), current diagnoses (knee arthritis, status post bilateral total knee replacement), and treatment to date (medications and activity modification). 10/10/14 medical report identifies patient continues to be at high fall risk due to balance deficits, weakness of the left lower extremity, gait is limited to house hold distance and surfaces, elder husband is primary care giver and is unable to assist patient with household mobility. In addition, 10/10/14 medical report identifies that home health physical therapy is indicated for the patient progression to transition to outpatient therapy when deemed safe and tolerable. Regarding the requested transportation to medical and therapy appointments, there is no documentation of a time-limited treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 8 hours per day, 7 days a week: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of diagnoses of knee arthritis, status post bilateral total knee replacement. In addition, there is documentation that the patient requires recommended medical treatment (physical therapy) and that the patient is homebound on a part-time or intermittent basis. However, given that the request is for home health care 8 hours per day, 7 days a week, the proposed number of hours per week exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for home health care 8 hours per day, 7 days a week is not medically necessary.

Transportation to medical and therapy appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Transportation

Decision rationale: MTUS does not address this issue. ODG identifies documentation of disabilities preventing patients from self-transport as criteria necessary to support the medical necessity of Transportation. Within the medical information available for review, there is documentation of diagnoses of knee arthritis, status post bilateral total knee replacement. In addition, given documentation of significant limitations and that the patient is wheelchair dependent for ambulation, there is documentation of a disability preventing patient from self-transport. However, there is no documentation of a time-limited treatment plan. Therefore, based on guidelines and a review of the evidence, the request for transportation to medical and therapy appointments is not medically necessary.