

Case Number:	CM14-0023888		
Date Assigned:	06/11/2014	Date of Injury:	01/02/2004
Decision Date:	07/15/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/25/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 64 year old female who reported an injury on 01/02/2004 due to a fall at work. The injured worker complained of pain of 9/10 to her right knee. She received a total knee replacement in 2003. On 09/27/2013 an MRI with and without contrast to the right knee was assessed. The physician noted post knee replacement surgery with metallic prosthesis obscuring joint structure and precluding evaluation. Further, there is a small ovoid cortical defect in the patella and imaged distal femur which likely reflects post-surgical changes. The injured worker also presents with limited range of motion with flexion on the right at 0-100 degrees with internal and external rotation testing positive for McMurray's test and extension on the right at 0-100 degrees with internal and external rotation testing positive for McMurray's test. The injured worker received the following diagnosis: 1) sprain/strain of the knee, 2) internal derangement of the knee, 3) status-post failed right knee replacement surgery with instability and compensatory, and 4) left knee pain. The injured worker received Norco for pain but was denied compounded topical cream because they were formulated outside of American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) guidelines. The injured worker's physician is awaiting medical approval to perform a right knee total replacement revised surgery to alleviate pain and instability of the affected site. The physician is seeking 60 hours of home health care three hours a day for five days a week for four weeks post-surgically. The request for authorization and rationale for the request were not provided within the available records.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 HOURS OF HOME HEALTH CARE (3 HOURS A DAY FOR 5 DAYS A WEEK X 4 WEEKS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for 60 hours of home health care three hours a day for five days a week for four weeks is non-certified. The injured worker had a right knee total knee replacement in 2003. After injuring herself at work she is pending authorization for a right knee total knee replacement revised surgery. The physician anticipates she will need 60 hours of home health services. California Medical Treatment Utilization Schedule (MTUS) home health services guidelines state this service is 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. 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. (CMS, 2004). The request for 60 hours of home health services exceeds the 35 hours allotted in the guidelines. The injured worker is not homebound and the physician's concerns about activities of daily living are not covered under California MTUS or Official Disability Guidelines (ODG) guidelines. As such, the request is non-certified.