

Case Number:	CM14-0024046		
Date Assigned:	02/28/2014	Date of Injury:	07/22/2008
Decision Date:	06/30/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/26/2014

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:

The injured worker is a 52 year old male who reported an injury to his left knee on 7/22/08. The clinical note dated 01/07/13 indicates the injured worker complaining of difficulty with ambulation as well as sleeping at night. Upon exam, the injured worker was leaning to the left with ambulation. Crepitus and pain were identified at the left knee along the medial compartment. A well-healed incision was identified at the lateral aspect of the left knee. The injured worker was able to demonstrate 0 to 90 degrees of range of motion. A radiology report dated 01/24/13 revealed an old healed distal femoral shaft fracture with extensive heterotrophic ossification. No fracture was identified at that time. No definitive disruption of the hardware was revealed. The radiology report dated 01/24/13 indicates the injured worker having a gunshot wound at the left distal femur from 1984. The injured worker also had a history of falls from 2008. The MRI of the left femur dated 02/13/13 revealed a status post open reduction and internal fixation of the distal femoral fracture. No focal osseous lesion was identified. The MRI of the lumbar spine dated 02/14/13 indicates the injured worker showing disc bulges at multiple levels. Foraminal narrowing and facet hypertrophy were also identified at L4-5. The surgical note dated 04/17/13 indicates the injured worker undergoing hardware removal at the distal femur. The utilization review dated 12/31/13 indicates the injured worker being approved for a lumbar fusion at L5-S1. The operative report dated 12/02/13 indicates the injured worker undergoing a lumbar interbody fusion at the L5-S1 level. The clinical note dated 01/06/14 indicates the injured worker able to demonstrate an improvement in the low back. There is an indication the injured worker is going to be recommended for a left knee procedure. The previous utilization review dated 02/10/14 resulted in a denial for a home health aide as no information had been submitted regarding the need for ongoing home health care. Additionally,

no information was submitted regarding the injured worker's significant functional deficits indicating the need for an inpatient acute rehab stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AID X 2 WKS, 4-6 HRS/DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for a home health aide for two weeks for 4-6 hours each day is not medically necessary. The documentation indicates the injured worker having undergone an operative procedure at the knee. A home health aide would be indicated provided the injured worker meets specific criteria to include significant functional deficits indicating the injured worker is unable to care for themselves and no family members live within the home. No information was submitted regarding the injured worker's significant functional deficits confirming the need for additional care. Additionally, no information was submitted regarding the injured worker's home situation to include additional family members, Therefore, this request is not indicated.

INPATIENT ACUTE REHAD STAY VS SNF PLACEMENT FOR ASSISTANCE WITH ADL'S X 2 WKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Skilled Nursing Facility.

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 Chapter, Skilled Nursing Facility

Decision rationale: An inpatient level of care within a rehabilitation facility would be indicated provided the patient is unable to ambulate more than 50 feet and is unable to perform all activities of daily living. No information was submitted regarding the injured worker's inability to ambulate less than 50 feet. Additionally, no information was submitted regarding the injured worker's inability to complete his activities of daily living. Therefore, this request is not indicated.