

Case Number:	CM14-0025885		
Date Assigned:	05/16/2014	Date of Injury:	10/08/1993
Decision Date:	07/11/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/28/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 64-year-old female with date of injury 10/08/1993. Per treating physician's report, 01/09/2014, the listed diagnosis is chronically infected left TKA with the recommendations for TKA resection with extensive debridement and placement of antibiotic spacer in an attempt to clear her infection. Two stage processes needing to be on IV antibiotics for at least 6 weeks was described. There is a report which states "order date, 02/11/2014", which contains "home health aide, yes". This appears to be request for authorization by the treating physician. A 12/03/2013 report indicates chronically infected TKA, range of motion is 90 degrees, some Percocet for pain, ambulating with a cane, recommendation was for aspiration to measure the cell count in her knee, discussed need for resection or arthroplasty. This request was denied by utilization review letter 02/14/2014. The utilization reviewer modified the request recommending RN home-health evaluation to determine frequency of IV antibiotics as ordered, PICC line care frequency, blood draw, et cetera.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE: 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 Page(s): 51.

Decision rationale: This patient presents with persistent knee pain, status post TKA. There is ongoing issue with chronic infection of the knee. The patient is being surgically planned for resection of the arthroplasty and long-term antibiotics spacer. The current request is for "home-health aide". This request was denied by utilization review letter, 02/14/2014 with the recommendations for home health RN evaluation to determine patient's specific needs. Home-health aide would be indicated on this patient, but the request does not specify number of visitations and duration of the treatment. As recommended by utilization review letter, home health RN evaluation appears quite appropriate before authorizing home-health aide. Without knowing how many hours or how many days or over what duration time, this request cannot be authorized as stated. California MTUS Guidelines page 8 require that the physician provide monitoring regarding patient's progress to make appropriate recommendations for treatments. Recommendation is for denial of the request of home-health aide given the lack of specific frequency and duration requested.