

Case Number:	CM14-0028585		
Date Assigned:	06/20/2014	Date of Injury:	05/15/2001
Decision Date:	07/17/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/06/2014

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 and is licensed to practice in Illinois. 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 63-year-old male who reported an injury on 05/15/2001. The mechanism of injury was not stated. The current diagnosis is status post revision of total knee replacement. A request for authorization form was submitted on 02/10/2014 for home health nurse services 3 times per week for 8 weeks. The injured worker was evaluated on 12/08/2013. The injured worker was status post revision total knee replacement on the right with vascular occlusion flap coverage. The injured worker demonstrated anterior pretibial pain from irritation of an AFO. The injured worker also demonstrated 0 to 75 degree range of motion. Treatment recommendations at that time included a new AFO device as well as a home health assistant, 3 times per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH NURSE SERVICES- THREE TIMES A WEEK, FOUR HOURS A DAY FOR EIGHT WEEKS.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG on Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines state home health services are 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. There is no indication that this injured worker is currently homebound and does not maintain assistance from outside resources. The specific type of treatment required was not listed in the request. California MTUS Guidelines state medical treatment does not include homemaker services and personal care. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary and appropriate.