

Case Number:	CM14-0030702		
Date Assigned:	06/20/2014	Date of Injury:	12/13/2011
Decision Date:	07/31/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/10/2014

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:

This 57-year-old sustained an industrial injury on December 13, 2011. Injury was sustained during a fall with compression-contusion to both knees. The patient underwent left knee arthrotomy with patellofemoral arthroplasty on April 30, 2013. The December 2, 2013 orthopedic report indicated that the patient was doing poorly with a dislocation of her patellofemoral arthroplasty. X-rays showed lateral tilt and subluxation of the patellofemoral joint. The patient had failed appropriate conservative treatment and remained disabled. The treatment plan recommended left knee arthrotomy with reconstruction of the patellofemoral alignment to stabilize the patellofemoral joint. The surgical request was approved in utilization review on December 18, 2013. The March 3, 2014 utilization review denied the February 24, 2013 request for home health nursing and CNA services as there is no documentation of complications from her surgeries to require home health care. Records do not provide a rationale for the requested home health services.

IMR ISSUES, DECISIONS AND RATIONALES

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

A skilled nurse for home health care services, daily for two weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis, generally no more than 35 hours per week. Guideline criteria have not been met. There is no documentation that the patient requires skilled nursing services in the home setting. There is no documentation that a medical treatment is required to be performed by a skilled nurse. There is no documentation that the patient would be homebound. Therefore, this request for a skilled nurse for home health care services, daily for two weeks, is not medically necessary or appropriate.

A certified nursing assistant (CNA) for two hours daily for two weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services).

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis, generally 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. Medicare provides specific patient selection criteria for in home services, including the individual is confined to the home and the service must be prescribed and periodically reviewed by the attending physician. Additionally, the individual must be in need of skilled nursing care on an intermittent basis, or physical therapy or speech-language pathology; or have a continuing need for occupational therapy. Guideline criteria have not been met. There is no evidence that the patient would be confined at home. There is no indication that in home skilled nursing, physical therapy or occupational therapy services would be required. Therefore, this request for a certified nursing assistant (CNA) for two hours daily for two weeks is not medically necessary or appropriate.