

Case Number:	CM14-0034514		
Date Assigned:	06/20/2014	Date of Injury:	02/26/2003
Decision Date:	08/15/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/19/2014

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 Pennsylvania. 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 gentleman is approximately 63 years old and was injured on 02/26/03. Clinical records provided for review document that the claimant is status post left total knee arthroplasty revision of the tibial component performed on 01/20/14. The report of a follow up examination on 02/03/14 noted that the claimant was doing better following the revision surgery. Examination showed "no loosening". Recommendations at that time were for continuation of formal physical therapy. On 02/20/14 there was a request for continued use of home health skilled care with a certified nursing assistant and a health skilled aid, as well as continuation of home based physical therapy three times a week for an additional one week.

IMR ISSUES, DECISIONS AND RATIONALES

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

In home physical therapy 3 times per week x 1 week: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Based on California MTUS Post Surgical Rehabilitative Guidelines and supported by the MTUS Chronic Pain Guidelines, continued in home physical therapy for one week cannot be recommended as medically necessary. The request for continuation of in home physical therapy was made greater than one month following the time of revision knee arthroplasty. There is no documentation to determine why, at that stage in the claimant's post operative course of care, the claimant would not be capable of attending outpatient physical therapy. The medical records do not explain why the claimant continues to require an additional week of in home physical therapy. There is no documentation that the claimant remains home bound since his January 2014 arthroplasty procedure. Therefore the request is not medically necessary.

Home health skilled nurse 1 hour/daily x 1 week: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: California MTUS Chronic Pain Guidelines would not support the continued use of home health skilled nurse for this claimant. There is no documentation that the claimant is home bound or why the claimant requires the services of a home health skilled nurse following a January 2014 revision arthroplasty, for which weight bearing as tolerated for advancement of strength and function was recommended. The continued role of home health aids in the form of skilled nursing and certified nursing assistants would not be supported and as such is not medically necessary.

CNA for 3 hours/day x 1 week: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: California MTUS Chronic Pain Guidelines would not support the continued use of CAN for three hours a day. There is no documentation that the claimant remains in a home bound status following his January 2014 revision arthroplasty, for which weight bearing as tolerated for advancement of strength and function was recommended. There is also no documentation of the service the CAN is to provide for the claimant. The continued role of home health aids in the form of skilled nursing and certified nursing assistants would not be supported and as such is not medically necessary.