

Case Number:	CM14-0035010		
Date Assigned:	06/23/2014	Date of Injury:	01/09/2012
Decision Date:	07/22/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/20/2014

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 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 56-year-old male who reported an injury on 01/09/2012. The mechanism of injury was not provided for review. The injured worker underwent left total knee replacement on 08/05/2013. The injured worker was evaluated on 02/05/2014. It was noted that the injured worker had a complete resolution of symptoms of the left knee; however, he had developed compensatory right knee pain rated at a 10/10 causing difficulty with ambulation. Physical findings included tenderness to the right knee with range of motion restricted to 6 degrees in extension and 115 degrees in flexion with positive crepitus. It was noted that the injured worker underwent an x-ray that revealed severe degenerative changes with a varus deformity and medial joint space narrowing. The injured worker's treatment plan was a total knee replacement of the right knee. A request was made for outpatient postoperative skilled nursing evaluation, a home health aide service 2 times a week for 3 weeks, and home physical therapy 3 times a week for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ONE (1) POST-OPERATIVE SKILLED NURSING EVALUATION:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Home Health Services.

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

Decision rationale: The requested outpatient 1 postoperative skilled nursing evaluation is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends home health services for patients who are homebound on a part time or intermittent basis. The clinical documentation does indicate that the injured worker will undergo a total knee arthroplasty of the right knee. However, there is no documentation that the injured worker will be non-ambulatory on a part time or intermittent basis and would not be able to participate in treatment outside the home. As such, the requested outpatient 1 postoperative skilled nursing evaluation is not medically necessary or appropriate.

HOME HEALTH AID SERVICE 2X3 WEEKS FOR 2 HRS EACH VISIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Home Health Services.

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

Decision rationale: The requested home health aide service 2 times a week for 3 weeks for 2 hours each visit is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends home health services for patients who are homebound on a part time or intermittent basis. The clinical documentation does indicate that the injured worker will undergo a total knee arthroplasty of the right knee. However, there is no documentation that the injured worker will be non-ambulatory on a part time or intermittent basis and would not be able to participate in treatment outside the home. As such, the requested home health aide service 2 times a week for 3 weeks for 2 hours each visit is not medically necessary or appropriate.

HOME PHYSICAL THERAPY 3X2 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Home Health Services.

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

Decision rationale: The requested home physical therapy 3 times a week for 2 weeks is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends home health services for patients who are homebound on a part time or intermittent basis. The clinical documentation does indicate that the injured worker will undergo a total knee arthroplasty of the right knee. However, there is no documentation that the injured worker will be non-ambulatory on a part time or intermittent basis and would not be able to participate in treatment outside the home. As such, the requested home physical therapy 3 times a week for 2 weeks is not medically necessary or appropriate.