

Case Number:	CM14-0036786		
Date Assigned:	06/25/2014	Date of Injury:	10/23/2003
Decision Date:	08/13/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/26/2014

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:

The injured worker is a 34-year-old female who reported an injury on 10/23/2003. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her knee. The injured worker was evaluated on 01/03/2014, and it was documented that she reported the orthotics were comfortable. No physical examination findings were provided during that exam. A clinical note dated 01/03/2014 was the most recent clinical evaluation provided for review of the patient. There was no mention of any proposed surgical interventions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative caretaker, 5 days, 4 hours a day: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Knee & Leg (acute & chronic).

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

Decision rationale: MTUS Guidelines recommends home health services for patients who are homebound on a part-time or intermittent basis. The clinical documentation submitted for review does not provide any evidence that the patient is homebound on a part-time or intermittent basis

and would require in-home health care assistance. As such, the requested postoperative caretaker 5 days a week for 4 hours a day is not medically necessary.