

Case Number:	CM14-0046399		
Date Assigned:	07/02/2014	Date of Injury:	06/29/2009
Decision Date:	08/21/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/14/2014

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 Orthopaedic 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 63-year-old male sustained an industrial injury on 6/29/09. The mechanism of injury was not documented. The patient underwent right total knee replacement on 3/10/14. He completed 12 visits of home health physical therapy. The 4/4/14 orthopedic report cited right knee swelling with redness, sensitivity to touch, and numbness. Objective findings documented moderate tenderness and swelling with limping gait. Range of motion was limited. The treatment plan recommended additional physical therapy 3 times per week for 4 weeks near the patient's home and Cefaclor 600 mg #40. The 4/7/14 utilization review modified a request for 12 visits of in home physical therapy to 12 sessions of outpatient physical therapy. A request for home health care for activities of daily living assistance was denied. Peer-to-peer discussion was documented with agreement that there was no specific need for home therapy or home care services. The 4/13/14 treating physician report cited activities of daily living limitations due to right knee pain and weakness. The patient was unable to bathe himself, dress himself, or use the bathroom. He presented with an antalgic gait and was using a walker for ambulation. This was an appeal request for home health care 3 hours per day, 2 days per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of in-home physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 11th edition (web) 2014, Treatment Section for the Knee, Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for total knee replacement suggest a general course of 24 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. The 4/7/14 utilization review modified the request for 12 sessions of in-home physical therapy to 12 sessions of outpatient physical therapy with surgeon agreement documented. The patient was 4 weeks post-operative and reported doing well. There is no compelling reason to support the medical necessity of continued in-home therapy over outpatient therapy. Therefore, this request for 12 sessions of in-home physical therapy is not medically necessary.

Home health care 3 hours per day, 2 day a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 11th edition (web) 2014, Treatment Section for the Knee, 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 Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services).

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. 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 is homebound. The patient is 4 weeks post-op and reported doing well. Physical therapy and skilled nursing services are no longer required in the home. The surgeon agreed that in-home physical therapy was no longer medically necessary. Therefore, this request for home health care 3 hours per day, 2 days a week, for 6 weeks is not medically necessary.

