

Case Number:	CM14-0053602		
Date Assigned:	07/07/2014	Date of Injury:	02/01/1999
Decision Date:	08/11/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/22/2014

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 is a 58-year-old gentleman who sustained an injury on February 1, 1999. The medical records provided for review document that the claimant has undergone multiple surgeries for the low back and knees to include right total knee arthroplasty and subsequent revision arthroplasty in 2011, and multiple lumbar surgeries including decompressions in 2004 and 2013 and lumbar fusion at the L5-S1 level. The progress report dated March 19, 2014 noted continued multiple orthopedic complaints. Unfortunately, the progress note did not identify examination findings but did recommend right knee manipulation under anesthesia. The claimant was also diagnosed with a left foot strain, chronic testicular pain, and right epididymitis. There are current requests for home health services to be utilized two hours per day/seven days per week until the claimant is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care, two hours daily, seven days weekly, until permanent and stationary:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not support the request for home health services two hours per day/seven days per week for the unforeseeable future. The Chronic Pain Medical Treatment Guidelines recommend home health services in circumstances where the claimant is homebound on a parttime or intermittent basis. The claimant is to undergo manipulation under anesthesia. This procedure in and of itself would not require the claimant to be homebound or require a home health care assessment or treatment. There is no documentation that the claimant is homebound. Therefore, the claimant's current clinical condition would not support the role of home health services as the requested intervention would not result in a homebound status for this claimant. The request for Home health care, two hours daily, seven days weekly, until permanent and stationary, is not medically necessary or appropriate.