

Case Number:	CM14-0060182		
Date Assigned:	07/09/2014	Date of Injury:	12/09/2010
Decision Date:	09/10/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/01/2014

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 Family Medicine 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 55-year-old male who reported an industrial injury on 12/9/2010, 3 1/2 years ago, attributed to the performance of his customary work tasks. The patient subsequently underwent a left total knee arthroplasty. The patient reported postoperative pain to the left knee, but continues to walk with the Walker and walk comfortably without the Walker. The patient was noted to have elevated glucose and hypertension. Blood pressure levels were recorded as 252/108. Glucose level was documented as 161. The patient was noted to be diabetic and noted to have previously undiagnosed hypertension, which was aggravated by the surgical procedure. The patient was reported to be at a higher risk for infection based on the elevated glucose and poorly controlled diabetes. The objective findings on examination included resolved area of erythema; Staples were clean and dry; no evidence of wound complications; range of motion was 0-100; no excessive valgus instability. Patient was diagnosed with left knee arthritis, status post total knee arthroplasty. The treatment plan included a home healthcare once a week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro home health 1 time weekly times 3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 91, Chronic Pain Treatment Guidelines home health services Page(s): 51. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medicare guidelines--Centers for Medicare & Medicare Services (CMS). Medicare and Home Health Care. 2004.

Decision rationale: The patient was not documented to have met the criteria recommended for the authorization of home healthcare. The postoperative course of the TKA was demonstrated to be with the documented ability to walk without a Walker and have functional range of motion. There was no documented infection. The provision of home healthcare is for patients who are homebound. The California MTUS recommend home healthcare 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 even by home health aides like bathing, dressing, and using the bathroom when this is the only care required. The patient is not documented with the criteria recommended by evidence-based guidelines for the provision of home health nursing for wound care or for the provided home healthcare once a week for three weeks. The provider did not provide a rationale to support the medical necessity of wound care or skilled nursing care post operatively. There is no documentation of a disability to the extent where the patient qualifies for home health care post operatively. There is no objective evidence to support the medical necessity of a home health care on an industrial basis due to the diagnoses or the objective findings on examination, specifically, for wound care s/p left knee arthroplasty. The provider has not provided any clinical documentation post operatively to support the medical necessity of the provided home healthcare once a week for three weeks for the post operative care of the total knee arthroplasty, as there were no documented complications requiring specialized home care.