

Case Number:	CM14-0066278		
Date Assigned:	07/11/2014	Date of Injury:	10/21/2010
Decision Date:	08/08/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/09/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 record indicates the claimant is a 55 year old female who reports injuries dated October 2002 to 2003 and January 2008 to October 2010, due to repetitive falls injuring bilateral knees, legs, feet, right shoulder, upper and lower back. The records reviewed indicate right shoulder and right knee issues. The record dated October 21, 2013 indicates the injured worker underwent a right knee replacement in October 2009. The record dated March 21, 2014 a total knee replacement revision on February 6, 2014 due to increased pain. The records dated March 31, 2014 indicate the injured worker states after the second knee surgery, the injured worker can walk and sleep better but is still stiff. Minimal pain was reported. Clinical note dated April, 16, 2014 states the injured workers knee is looking more like a regular knee, swelling has decreased. The injured worker was educated on continuing the Home Exercise Program with addition to ice/heat to reduce inflammation. Records after April 16, 2014 indicate the injured worker's functional status was improving.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Home Health Care Assistance 8hrs/Day, 7 Days per week, (DOS: 02/06/14-02/28/14) Total Days: 22 days: 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 documentation provided does not reveal the claimant to be bedbound or unable to participate in Activities of Daily Living. The request is predicated on convenience and not medical necessity. The claimant is able to participate in post op physical therapy such that she should be able to participate in self-care. It is not clear what healthcare services would require 8 hrs per day. Therefore, the requested services of Home Health Care Assistance 8hrs/Day, seven days per week, Total 22 days is not medically necessary.

RETRO: Home Health Care Assistance 4hrs/Day, 3 Days per week, Total Weeks: 8 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 Chronic Pain Treatment Guidelines Home health services Page(s): page 51.

Decision rationale: The documentation provided does not reveal the claimant to be bedbound or unable to participate in Activities of Daily Living. The request is predicated on convenience and not medical necessity. The claimant is able to participate in post op physical therapy such that she should be able to participate in self care. It is not clear what healthcare services would require 4 hrs per day. Therefore, the requested services of Home Health Care Assistance 4hrs/Day, three Days per week, Total Weeks: 8 weeks is not medically necessary.

RETRO: Transportation to and from all medical appointments and any other needs required due to recent Surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Department of Health Care Services Criteria Manual Chapter 12.1, Criteria for Medical Transportation and Related Services, Nonemergency Medical Transportation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: CA Dept of HealthCare Services Ch 12.1.

Decision rationale: The documentation provided does not reveal the claimant to be bedbound or unable to use private or public transportation. The request is predicated on convenience and not medical necessity. The claimant is able to participate in post op physical therapy such that he should be able to take some form of transportation. Therefore the requested services of transportation for medical and any other needs is not medically necessary.