

Case Number:	CM14-0067963		
Date Assigned:	07/11/2014	Date of Injury:	02/16/2004
Decision Date:	08/19/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/12/2014

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 62-year-old male who reported an injury on 02/16/2004. The mechanism of injury was not stated. The current diagnosis is left knee degenerative joint disease. The injured worker was evaluated on 04/23/2014. The injured worker reported continuous left knee pain. Physical examination revealed 3+ crepitus, grinding, and pain at the patellofemoral joint. The injured worker also reported activity limitation. Previous conservative treatment includes multiple injections and anti-inflammatory medication. Treatment recommendations at that time included a left knee joint replacement. A Request for Authorization was then submitted on 04/26/2014 for a left total knee replacement with 2 to 3-day inpatient stay, preoperative medical clearance, an assistant surgeon, durable medical equipment, postoperative physical therapy, and a home health nurse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health nurse 1-2 visits a week for 4 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.

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

Decision rationale: The California MTUS Guidelines state home health services are recommended for otherwise recommended medical treatment for patients who are homebound on a part-time or intermittent basis, generally up to no more than 35 hours per week. As per the documentation submitted, the injured worker is awaiting authorization for a left total knee replacement. There is no indication that this injured worker's surgical procedure has been authorized. There is also no indication that this injured worker would be homebound following surgery. Based on the clinical information received, the request of Home health nurse 1-2 visits a week for 4 weeks is not medically necessary and appropriate.

Home Health physical therapy 1-2 visits a week for 4 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.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 24-25.

Decision rationale: The California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a total knee arthroplasty includes 24 visits over 10 weeks. As per the documentation submitted, the injured worker is currently pending authorization for a left total knee replacement. There is no indication that this injured worker's surgical procedure has been authorized. There was also no specific body part listed in the current request. As such, the request for Home Health physical therapy 1-2 visits a week for 4 weeks is not medically necessary and appropriate.