

Case Number:	CM14-0084019		
Date Assigned:	07/21/2014	Date of Injury:	02/12/2006
Decision Date:	09/19/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/05/2014

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 Physical Medicine and Rehabilitation 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 patient is a 57 year old female who sustained an industrial injury to the right knee on 02/12/2006 which has led to significant cartilage loss in the knee and substantial degeneration over the years according to the records provided. The patient has been treated with anti-inflammatories, physical therapy, injections and a brace as well as a knee arthroscopy. Physicians progress report shows the patient to have decreased range of motion of the right knee, positive effusion, varus, McMurray and Apley testing and positive patellar signs. Right knee standing X-rays reported in the 06/11/2014 progress report revealed significant right knee osteoarthritis with medial compartment most involved. On 05/28/2014 the utilization review company issued a non-certification for home health care x 7 days as the clinical information available does not meet the preliminary guidelines. There were no documents provided by the treating doctor regarding the requested treatment of Home Health Care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care x7 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS, Chronic Pain Medical Treatment Guidelines state home health services are recommended only 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. There is no documentation to support the patient is homebound on a part-time or intermittent basis. The patient is documented to be attending her regular appointments. Based on the lack of documentation to support the patient's need to have home health care for 7 days, the request is not medically necessary.