

Case Number:	CM14-0095300		
Date Assigned:	07/25/2014	Date of Injury:	04/21/2013
Decision Date:	08/28/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/23/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 61 year old female was reportedly injured on 4/21/2013. The mechanism of injury is noted as a twisting injury. The most recent progress note, dated 4/28/2014, indicates that there are ongoing complaints of right knee pain. The physical examination demonstrated right knee: positive swelling, positive tenderness to palpation of the posterior/medial joint line, positive McMurray's, quadricep strength 3+/5. Diagnostic imaging studies mentioned an MRI of the right knee which reveals medial meniscal tear. Previous treatment includes previous surgery, medications, and conservative treatment. A request was made for home health physical therapy three times a week for four weeks #12, and was not certified in the preauthorization process on 5/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health Physical Therapy 3 times a week for 4 weeks Qty: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Home Health Services Page(s): 51.

Decision rationale: Home health services are recommended medical treatment for patients who are homebound, on a part time or intermittent basis, generally up to no more than thirty five hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. After review of the medical records provided there is no documentation stating that the patient is unable to bear weight, or is homebound. It is noted the patient does have an antalgic gait using a four pronged cane. However, this does not preclude her from being able to attend outpatient physical therapy. Therefore this request is deemed not medically necessary.