

Case Number:	CM14-0133628		
Date Assigned:	08/22/2014	Date of Injury:	01/22/2014
Decision Date:	02/09/2015	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/18/2014

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 Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 01/22/14 when, while driving a heavy truck, his vehicle struck a pothole. He sustained injuries to the right knee and low back. Treatments included physical therapy and medications. He was seen on 03/31/14. He was having low back pain radiating into the lower extremities. Pain was rated at 9/10. Physical examination findings included midline and paraspinal muscle tenderness with decreased lumbar spine range of motion. He had positive straight leg raising. Strength and sensation were normal. Imaging results were reviewed showing findings of disc bulging. Additional physical therapy was recommended. He was referred for consideration of an epidural injection. On 06/23/14 he was having constant low back and right knee pain rated at 7/10. He had right knee swelling with popping and clicking and giving way. Medications included Norco, gabapentin, and oral steroids. Physical examination findings included right knee tenderness with decreased range of motion. He was referred for an orthopedic evaluation. He was seen for the orthopedic evaluation on 06/27/14. His history of injury was reviewed. He was having constant right knee and low back pain. Pain was rated at 6-8/10. Physical examination findings included a right knee effusion with decreased strength. There was right knee patellar tenderness with crepitus. He had positive McMurray testing. There was joint line tenderness. Imaging results were reviewed. Authorization for arthroscopic surgery with 12 visits of postoperative physical therapy, cold therapy unit, DVT unit, and crutches was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

RN Assessment for Postoperative Wound Care and Home Aide: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Guidelines, Home Health Services, patients who are home bound.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Home health services.

Decision rationale: The claimant is more than one year status post work-related injury and right knee arthroscopic surgery is planned. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. In this case, the claimant has unilateral lower extremity impairment without significant upper extremity impairing condition and would not be expected to require home based services. Therefore the requested nursing assessment for postoperative wound care and a home aide is not medically necessary.