

Case Number:	CM14-0135030		
Date Assigned:	08/29/2014	Date of Injury:	12/13/1995
Decision Date:	01/02/2015	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/21/2014

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:

71 year old male with reported industrial injury of 12/13/95. Initial orthopedic consultation report dated 02/27/14 indicates that the claimant underwent two right knee arthroscopies. The claimant currently complains of moderate to severe pain in both knees. The claimant's knees feel unstable at times. The claimant is not getting around well. The claimant is not able to walk at all due to pain. There are popping sensation and stabbing pain in both knees. There is no past history of clotting abnormalities. The claimant is not slow to heal after cuts and does not have bleeding or bruising tendencies. Right knee -ray shows complete collapse on the lateral compartment of the right knee. There is patellofemoral arthritis on both sides. The claimant is an overweight male that ambulates with antalgic gait, left greater than right and swelling of both feet and ankles. Right knee examination shows tenderness in the medial, lateral and patellofemoral region. The provider recommends total knee replacement with the aid of a knee model and knee prosthesis total knee replacement. The claimant will require arterial venous Dopplers and consultation for radicular component on the right on an industrial basis. Primary treating physician's progress report dated 04/24/14 states that the claimant is doing well. Knee has range of motion is noted to be 90 degrees with entirely healed wound and no redness or effusion. There is some very superficial erythema anterior distal third tibia, well circumscribed. Impression is cellulitis distal tibia, post total knee replacement. Provider recommends Cipro and asks the claimant to monitor the redness for any change and potential admission for IV antibiotics. Primary treating physician's progress report dated 05/22/14 states that the claimant is getting stronger. The claimant had a slip and fall but was able to get up. Redness is entirely gone, and there are no fevers or night sweats. Physical examination reveals full range of motion with some tightness in the calf. Primary treating physician's progress report dated 071014 indicates

that the claimant is doing very well on the left knee. The provider recommends right total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health nursing 1 time per week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

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

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are home-bound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration." There is no evidence in the records from 5/22/14 that the patient is home bound. There are no other substantiating reasons why home health services are required. Therefore the request is not medically necessary.