

Case Number:	CM14-0191733		
Date Assigned:	11/25/2014	Date of Injury:	07/12/2012
Decision Date:	01/12/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/17/2014

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 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:

This 36 year-old patient sustained an injury on 7/12/12 while employed by [REDACTED], [REDACTED]. Request(s) under consideration include Home Health Care 3xwk X 4 Wks. Diagnoses include knee cruciate ligament sprain s/p left knee arthroscopic ACL reconstruction with allograft semitendinosus; open tibial osteotomy with debridement of lateral meniscal tear with bone grafting. Report of 10/18/14 from the provider noted the patient with diminished activities of daily living and increased fall risk with gait and balance dysfunction. Exam showed no tenderness on palpation of right lower extremity/calf; 5/5 motor strength testing in bilateral upper extremities and right lower extremity with intact distal pulses. Occupational therapy report of 10/27/14 noted patient with pain from knee downwards rated at 7/10; feeling better; patient had walked with minimum assistance with bilateral crutches for 30 feet; performing 2 by 20 repetitions with 40 pounds; performed stair training with axillary crutches with improved mobility, function, and strength. Medications list Norco, Neurontin, and Dilaudid. Utilization reviewer noted the provider was unable to provide information or discussion stating HIPPA law. It was unclear what skilled nursing care was required or if the patient was homebound or unable to attend outpatient treatment visits by means of transportation. The request(s) for HOME Health Care 3xwk X 4 Wks was non-certified on 10/31/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE 3XWK X 4 WKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES KNEE & LEG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services, Pain Chapter, Home Health Services Page(s): 52; 732.

Decision rationale: This 36 year-old patient sustained an injury on 7/12/12 while employed by [REDACTED]. Request(s) under consideration include Home Health Care 3xwk X 4 Wks. Diagnoses include knee cruciate ligament sprain s/p left knee arthroscopic ACL reconstruction with allograft semitendinosus; open tibial osteotomy with debridement of lateral meniscal tear with bone grafting. Report of 10/18/14 from the provider noted the patient with diminished activities of daily living and increased fall risk with gait and balance dysfunction. Exam showed no tenderness on palpation of right lower extremity/calf; 5/5 motor strength testing in bilateral upper extremities and right lower extremity with intact distal pulses. Occupational therapy report of 10/27/14 noted patient with pain from knee downwards rated at 7/10; feeling better; patient had walked with minimum assistance with bilateral crutches for 30 feet; performing 2 by 20 repetitions with 40 pounds; performed stair training with axillary crutches with improved mobility, function, and strength. Medications list Norco, Neurontin, and Dilaudid. Utilization reviewer noted the provider was unable to provide information or discussion stating HIPPA law. It was unclear what skilled nursing care was required or if the patient was homebound or unable to attend outpatient treatment visits by means of transportation. The request(s) for Home Health Care 3xwk X 4 Wks was non-certified on 10/31/14. There are no post-operative complications or co-morbid medical history in need of home health. It is unclear if the patient sustained post-operative complication and became homebound with slow progress, requiring home PT beyond post-op hospital therapy. Submitted reports have not adequately demonstrated the indication to support home health physical therapy per guidelines criteria with recommended outpatient treatment. Additionally, MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. There is no specific deficient performance issue evident as the patient has no documented deficiency with the activities of daily living and was independent prior to surgery without any clear neurological deficits on exam with intact motor strength with use of crutches. It is unclear if there is any issue with family support. Reports have unchanged chronic symptoms without clear neurological deficits identified for home therapy. The Home Health Care 3xwk X 4 Wks is not medically necessary and appropriate.