

<b>Case Number:</b>	CM14-0192294		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Family Practice 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 injured worker's date of injury is 06/18/2012. The original injury occurred at the workplace. The patient while washing dishes turned, the foot slipped on water, and the patient felt a pop in the right knee. This patient receives treatment for chronic right knee pain with specific medical diagnoses: internal derangement with meniscus tear, lumbar disc displacement, pelvic sprain, and thoracic region sprain. On 02/12/2013 the patient underwent a right knee arthroscopic procedure which included a partial meniscectomy and chondroplasty. The patient received other treatments including TENS, intra-articular steroid injections (pre- and postoperative), and physical therapy. The patient received intra-articular steroid injections for the knee pre- and post-operatively. The most recent knee diagnosis is: tricompartmental osteoarthritis. Medications taken for pain include Norco 10/325 mg Q6H.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Physical Therapy for 2 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), home health services

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** This patient receives care for ongoing issues with the right knee, having had two orthopedic operations. The guidelines state that home health services are medically indicated for homebound patients for up to 35 hours a week. The medical documentation presented does not clearly state why the patient should be considered homebound. Physical therapy in the home is not medically indicated.