

Case Number:	CM14-0198196		
Date Assigned:	12/08/2014	Date of Injury:	09/24/2002
Decision Date:	01/26/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/25/2014

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 Texas. 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 injured worker is a 70-year-old female who reported an injury on 09/24/2002, while working for DPS; she had a slip and fall on a waxed floor, injuring her knees. Diagnoses included right knee post contusion and degenerative joint disease to the knee. Her surgeries included a right total knee arthroplasty dated 05/30/2014. Medications included 600 mg of ibuprofen. Prior treatments included medication and 30 sessions of physical therapy. Objective findings dated 08/20/2014; revealed muscle spasms, gait abnormality and joint pain. Range of motion was 20/0. Muscle strength was 4/5. The injured worker also participated in a home exercise program. The treatment plan included home care, transportation to and from medical appointments and a 1 year membership for a gym with a pool. The Request for Authorization dated 12/08/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care for 4 hours a day three days a week for six weeks: Upheld

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

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

Decision rationale: The decision for home care for 4 hours a day 3 days a week for 6 weeks is not medically necessary. The California MTUS recommends home health services only for injured workers who are homebound, on a part time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning or laundry. The documentation indicated that the injured worker has already had already made a request for home care, which was modified. The injured worker has the assist of a cane. The documentation was not evident that the injured worker was not able to care for herself or she did not have a family member to assist. Additionally, the documentation did not indicate the injured worker was home bound. Therefore, the request for the home care 4 hours a day 3 day a week for 6 weeks is not medically necessary.

Transportation to and from all medical appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Transportation to and from appointments

Decision rationale: The request for transportation to and from all medical appointments is not medically necessary. The Official Disability Guidelines recommend transportation to and from appointments for medical necessity. Transportation in the same community for patients with disabilities preventing them from self-transportation. Per the guidelines transportation applies to injured workers with disabilities preventing them from self-transportation that need a nursing home level of care. The documentation did not indicate that the patient was debilitated her to a nursing home level of care. Therefore, the request for the transportation to and from appointments is not medically necessary.

Gym with pool; one year membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee & leg, gym memberships

Decision rationale: The request for gym with pool 1 year membership is not medically necessary. The Official Disability Guidelines do not recommend gym membership as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. The clinical documentation indicated that the injured worker was participating in a home exercise program; however, there was no indication that the patient had failed the home exercise program. Therefore, the request for gym with pool 1 year membership is not medically necessary.