

Case Number:	CM14-0199388		
Date Assigned:	12/09/2014	Date of Injury:	09/17/2007
Decision Date:	01/23/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/28/2014

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 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 is a male patient with an injury date of 09/17/2007. An attending office visit date 03/26/2014 described subjective complaints of pain and stiffness to bilateral knees and objective findings should tenderness, crepitation to the right knee and tenderness, surgical scarring to left knee. He is noted prescribed with Tylenol#3, Flexeril, and Prilosec along with topical ointment. A radiography report dated 07/14/2014 revealed status post left total knee arthroplasty with intact femoral and tibial components and no evidence for hardware loosening and mild to moderate osteoarthritis of the right knee. An orthopedic follow up visit dated 08/19/2014 gave the diagnoses of lumbar spine strain/sprain rule out herniated lumbar discs, clinical right lower extremity radiculopathy, bilateral hip strain/sprain worse on left, status post left knee arthroscopy times two, status post right knee arthroscopy with re-injury, tricompartmental degenerative joint disease right knee, right ankle sprain/strain, left second and third tow injuries, compensatory consequence resolved and psychological sequelae secondary to industrial injury. A request for services dated 11/06/2014 asking for a home health evaluation of right knee and home physical therapy daily for an unspecified length of time to right leg. The request was denied by the Utilization Review on 11/19/2014 as not meeting medical necessity requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Evaluation quantity 1.00: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines, page 51 of 127, Home health services topic states: "Recommended only for otherwise recommended medical treatment for patients 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, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004)"Regarding the request for home health care, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. In fact there is documentation of a peer to peer discussion by the utilization reviewer that indicates that home health services are no longer necessary according to a UR determination letter dated 11/19/14. The currently requested home health care is not medically necessary.

Home Physical Therapy, daily for unspecified duration, right knee quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient is status post right knee arthroscopy. The submitted documentation fail to indicate why in-home physical therapy is needed as opposed to standard physical therapy. In fact there is documentation of a peer to peer discussion by the utilization reviewer that indicates that home PT services are no longer necessary according to a UR determination letter dated 11/19/14. This request is not medically necessary.