

Case Number:	CM14-0204109		
Date Assigned:	12/16/2014	Date of Injury:	12/20/2013
Decision Date:	02/11/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/05/2014

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 Occupational 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:

The applicant is a represented [REDACTED] who has filed a claim for knee pain reportedly associated with an industrial injury of December 20, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; an earlier knee external reduction and internal fixation procedure; subsequent open reduction and internal fixation knee procedure; a knee hardware removal procedure; and unspecified amounts of physical therapy. In a Utilization Review Report dated November 21, 2014, the claims administrator apparently denied a request for Home Health services. The claims administrator contended that the applicant was not home bound. The claims administrator cited the MTUS Chronic Pain Medical Treatment Guidelines in the body of its report and then cited ACOEM, somewhat incongruously, at the bottom of the report. The applicant's attorney subsequently appealed. In a November 10, 2014 office visit, the attending provider noted that the applicant had issues with left tibial reconstruction. The applicant had a hardware failure. The attending provider expressed concern that the applicant had might have a low-grade infection about the knee. The applicant's diabetes was apparently uncontrolled, with most recent hemoglobin A1c of 10.0, it was suggested. The applicant was placed off of work, on total temporary disability. The attending provider stated that the applicant's diabetes needed to be stabilized before further surgical intervention involving the knee could be considered. The home care issue was sought via an RFA form dated November 7, 2014. On October 3, 2014, the attending provider stated that he was seeking authorization for hardware removal and tibial debridement with reconstruction of the tibial plateau nonunion. The claims administrator stated that it had conducted a teleconference with the attending provider, who had apparently stated that the Home Health services at issue represented postoperative services following planned knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care, 4 hours daily/5 days a week for the Left Knee: 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: The proposed Home Health care four hours a day, five days a week for the left knee is not medically necessary, medically appropriate, or indicated here. While page 51 of the MTUS Chronic Pain Medical Treatment Guidelines does note that Home Health services are recommended to deliver otherwise recommended medical treatment for applicants who are homebound, in this case, however, the applicant was/is not homebound. The request apparently represents a preemptive request for postoperative wound care services. However, the most recent progress note of November 10, 2014, referenced above, suggested that the applicant is not a candidate for knee surgery at this time owing to uncontrolled diabetes with most recent hemoglobin A1c of 10.0 on October 23, 2014. Since the applicant is not, thus, candidate for any kind of surgical intervention involving the knee owing to poorly controlled diabetes, the derivative or companion request for associated post-operative Home Health care for wound care purposes is likewise not medically necessary.