

<b>Case Number:</b>	CM14-0204579		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	02/28/1995
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 44-year-old female with a date of injury of 2/28/1995. Per AME report of July 10, 2006 she had undergone a right total knee replacement and also had degenerative joint disease of the left ankle with valgus hindfoot alignment. At that time she had chondromalacia of the left knee status post arthroscopy. More recent documentation indicates that she has advanced osteoarthritis of the left knee. Per final determination dated 9/11/2014 a request for a left total knee arthroplasty was approved. Postoperative home physical therapy 3 was also approved. Home health nurse for Lovenox injections and physical therapy 3-4 were medically indicated. Per office notes dated October 6, 2014 she was certified for a left total knee arthroplasty. A request for 10 days stay at skilled nursing facility post hospitalization was made. Per utilization review decision of 11/17/2014 the request for a skilled nursing facility 10 days stay post hospitalization was received on 11/7/2014 and the decision made on 11/17/2014 to certify the request. An additional request for Mobic 15 mg #30 was also certified. A return visit for to 6 weeks post surgery was certified. The disputed request pertains to home health care post surgery which was noncertified by utilization review at the time of the request for the total knee arthroplasty as the request did not specify the type of home health care needed. Utilization review certified postoperative home physical therapy 3 and home health nurse for Lovenox injections at that time. This home health care denial was appealed to an independent medical review on 11/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Care, Post-surgery:** Upheld

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

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

**Decision rationale:** The injured worker was certified for a left total knee arthroplasty in September. Home physical therapy visits 3 were also approved. A home health nurse was approved for Lovenox injections. The request for home health care does not specify what other treatment was requested. A subsequent request for 10 days stay at a skilled nursing facility after the hospital stay for the total knee arthroplasty was also approved. The California MTUS chronic pain guidelines recommend home health services 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 a home health aide like bathing, dressing, and using the bathroom when this is the only care needed. The request did not specify what other treatment was being requested. A request for a 10 day stay in a skilled nursing facility after the total knee arthroplasty was certified. As such, the medical necessity of the request for additional home health services is not established.