

Case Number:	CM14-0207982		
Date Assigned:	12/19/2014	Date of Injury:	07/19/2012
Decision Date:	02/13/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/12/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a year a 50 year old male with a work injury dated 7/19/12. The diagnoses include right knee pain status post right knee arthroscopy, chondroplasty, patellofemoral joint and medial femoral condyle and medial meniscal debridement 7/31/13; neck pain; cervical disc disease and cervical radiculitis; right shoulder pain; partial thickness tear of the right supraspinatus tendon status post surgery on 5/20/13; tinnitus; low back pain; thoracic pain; carpal tunnel syndrome. Under consideration are request for home nursing 1-2 times a week for 4 weeks and home physical therapy 1-2 times a week for 4 weeks. There is a 12/1/14 progress note that states that the patient states that his condition is worse. He complains of neck pain, upper back pain, low back pain, right shoulder pain and right knee pain. His left knee has also been bothering him. He also complains of tingling sensation in the left hand. He rates his pain as 7-8/10 without the pain medications and 5-6/10 with the pain medications. The pain is aggravated by prolonged activities and alleviated by changing position and medications. He had electrodiagnostic studies done on 9/13/13 which showed right C7 radiculitis and mild bilateral carpal tunnel syndrome. He is currently on clonazepam, Latuda, Viibryd and Lamictal. He is on another unrecalled medication. He is being followed by a physician for his shoulder and right knee. He had hyaluronic injections to the right knee. The first injection helped, but the subsequent injections did not. He saw another physician for a second surgical opinion regarding the right knee and he recommended diagnostic arthroscopy of the right knee. He went back to see the physician that follows him for his shoulder and right knee. He recommended surgery for the right knee. The surgery was denied, according to the patient. A third opinion recommended right knee surgery. He underwent right carpal tunnel surgery on 4/30/14 which helped. He complains of nausea, insomnia, headaches, vomiting, stomach upset, constipation and diarrhea. He denies chest pain and shortness of breath. He also complains of depression. He has some suicidal thoughts, but no

plan or intent . On exam he is in no acute distress. The right shoulder exam reveals flexion 0-95 degrees and abduction 0-95 degrees. The right knee active range of motion is 20 degrees of extension lag. Flexion is up to 100 degrees. The right knee is slightly swollen. He has healed arthroscopic scars in the right knee. There is tenderness on the medial joint line of the right knee. SLR only caused low back pain and knee pain bilaterally. The strength is 5/5 for the left upper and lower extremities. Breakaway weakness in the right upper extremity and right lower extremity. The reflexes are 1 + for both biceps and triceps, 2+ for both lower extremities. He ambulates with a standard cane with an antalgic gait. The treatment plan states that he continues to see psychiatry through his private insurance. The patient will continue seeing his shoulder and knee physician. Surgery was denied for the right knee. He is status post right carpal tunnel surgery on 4/30/14 which reduced the right hand numbness. Left carpal tunnel surgery was denied by the insurance company. He is doing well with his medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Nursing 1-2 times a week for 4 weeks: 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: Home Nursing 1-2 times a week for 4 weeks is not medically necessary per the MTUS Guidelines. The guidelines states that home health services are 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. The documentation indicates that the patient's surgery was not considered medically necessary therefore the request for home nursing is not medically necessary.

Home Physical Therapy 1-2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Home Physical Therapy 1-2 times a week for 4 weeks is not medically necessary per the MTUS Postsurgical Guidelines. The documentation indicates that the knee surgery was not considered medically necessary; therefore, the post op home physical therapy is not medically necessary.

