

Case Number:	CM14-0211296		
Date Assigned:	12/24/2014	Date of Injury:	01/08/2013
Decision Date:	02/17/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/17/2014

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 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:

According to the records made available for review, this is a 55-year-old male with a 1/8/13 date of injury. At the time (11/20/14) of the request for authorization for post-op home health RN x8 visits (wound care), there is documentation of subjective (anterior knee pain and swelling) and objective (small effusion, 4/5 quadriceps strength, range of 10-105 degrees, patellofemoral tenderness and medial joint line tenderness) findings, current diagnoses (status post left total knee arthroplasty, right knee osteoarthritis with varus, obesity, and sleep apnea), and treatment to date (therapy, home exercises, medication, and ice). Medical reports identify right total knee arthroplasty was authorized. There is no documentation of a condition/diagnosis (with supportive subjective/objective findings) and that ALL the following criteria are met (the attending physician must certify the medical necessity of private duty nursing; AND the attending physician must approve a written treatment plan with short and long term goals specified; AND services must require the professional proficiency and skills of an RN or LPN; AND services must be performed on a part-time or intermittent visiting basis; AND the service must be appropriate with regard to standards of good medical practice and not solely for convenience).

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Home Health RN x 8 visits (wound care): 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 Other Medical Treatment Guideline or Medical Evidence: Donaghy B, Wright AJ, New home care choices for children with special needs, Caring, 1993; 12(12):47-50.

Decision rationale: MTUS does not address the issue. Medical Treatment Guidelines identify documentation of a condition/diagnosis (with supportive subjective/objective findings) and that ALL the following criteria are met (the services must be skilled and not custodial in nature; AND the attending physician must certify the medical necessity of private duty nursing; AND the attending physician must approve a written treatment plan with short and long term goals specified; AND services must require the professional proficiency and skills of an RN or LPN; AND services must be performed on a part-time or intermittent visiting basis; AND the service must be appropriate with regard to standards of good medical practice and not solely for convenience), as criteria necessary to support the medical necessity of wound care. Within the medical information available for review, there is documentation of diagnoses of status post left total knee arthroplasty, right knee osteoarthritis with varus, obesity, and sleep apnea. In addition, there is documentation that the services must be skilled and not custodial in nature. However, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) and that ALL the following criteria are met (the attending physician must certify the medical necessity of private duty nursing; AND the attending physician must approve a written treatment plan with short and long term goals specified; AND services must require the professional proficiency and skills of an RN or LPN; AND services must be performed on a part-time or intermittent visiting basis; AND the service must be appropriate with regard to standards of good medical practice and not solely for convenience). Therefore, based on guidelines and a review of the evidence, the request for post-op home health RN x8 visits (wound care) is not medically necessary.