

Case Number:	CM14-0048569		
Date Assigned:	06/25/2014	Date of Injury:	07/24/1998
Decision Date:	04/14/2015	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	03/24/2014

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old male, who sustained an industrial injury on July 24, 1998. He has reported stiffness all over his body and left knee pain. The diagnoses have included depression, pain in lower leg joint, osteoarthritis lower leg, cervical spondylosis without myelopathy, headache and cervicalgia. Treatment to date has included diagnostic studies, surgery, Synvisc injection, physical therapy and medication. On November 29, 2013, the injured worker complained of chronic, severe bilateral knee pain. He rated his pain as an 8 on a 1-10 pain scale without medications and as a 5/10 with medications. His medications were keeping him functional, allowing for increased mobility and tolerance of activities of daily living and home exercises. He was noted to be awaiting left total knee replacement at the time of the exam. On March 24, 2014 Utilization Review non-certified one post-operative home health RN evaluation related to the left knee as an outpatient, noting the ACOEM Guidelines. On March 24, 2014, the injured worker submitted an application for Independent Medical Review for review of one post-operative home health RN evaluation related to the left knee as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Post-operative Home Health RN Evaluation Related to the left knee, as an outpatient:
 Overturned

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: MTUS recommends home health services up to 35 hours per week to provide medical support to persons who are homebound. A home health evaluation is commonly indicated after discharge home from surgery in order to assess the patient's nursing and ADL needs. An initial reviewer recommended non-certification of this request for a post-operative Home Health RN evaluation since surgery had not yet been certified. However, implicit in certified of a post-operative home health RN evaluation is that the evaluation would not be indicated or applicable unless/until the surgery occurs. Thus for this reason the request is supported by treatment guidelines; the request for a post-operative home RN evaluation is medically necessary.