

Case Number:	CM14-0070440		
Date Assigned:	06/30/2014	Date of Injury:	04/16/2010
Decision Date:	05/01/2015	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/09/2014

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 64-year-old male who sustained an industrial injury on 4/16/2010. His diagnoses, and/or impressions, include left knee osteoarthritis and degenerative disc disease with varus deformity and bone-on-bone; total left knee replacement (3/24/14); calf pain and swelling. Current x-rays were noted taken on 3/6/2014. No current magnetic resonance imaging studies are noted. Bilateral lower extremity venous duplex Doppler study is noted on 3/26/14. His treatments have included brace; "failed conservative treatments", total left knee replacement; rolling walker, cane, and medication management. The physician's notes of 3/6/2014 report that he is significantly impaired from continued knee pain, and that a total knee replacement was recommended. The medical records show the total knee replacement took place on 3/24/2015, and the 3/25/2015 discharge instructions stated he had limited mobility and would require home health care by a Registered Nurse for a safe discharge home; the physician's request included home health care visit with a Nurse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care Visit with a Nurse: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Service.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health.

Decision rationale: 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. In this case, the claimant had a knee replacement and mobility limitations; a home nurse visit was requested to ensure claimant safety for transition to independent care. There was no mention that the claimant was homebound. In addition, safety can be addressed by other means, i.e. claimant interview, social worker, etc. The specific necessity of the nurse visit was not provided. Therefore, the request is not medically necessary.