

<b>Case Number:</b>	CM14-0077986		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 71-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 14, 2013. In a Utilization Review report dated May 13, 2014, the claims administrator failed to approve requests for home health services and home health visits for the purposes of receiving blood draws. A progress note of April 24, 2014 was referenced in the determination. The applicant's attorney subsequently appealed. In a progress note dated January 27, 2014, the applicant reported multifocal complaints of knee, low back, wrist, and shoulder pain. The applicant had undergone earlier shoulder surgery and earlier knee corticosteroid injection therapy, it was acknowledged. The applicant's gait was not clearly described. Acupuncture, tramadol, MRI studies of multiple body parts, work restrictions, and topical compounds were endorsed. On April 24, 2014, the applicant was described as having ongoing complaints of knee pain. A knee arthroscopy was apparently pending. The applicant is exhibited an antalgic gait but was nevertheless working regular duty. The applicant was asked to pursue a total knee arthroplasty procedure. There was no mentioned made of the need for home health services on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Home Health visits by a Physical Therapist 2x week for 4 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** While page 51 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend home health services for the purposes of delivering otherwise recommended medical treatments for applicants who are homebound, in this case, however, there was no mention of the applicant's being homebound or bedbound on or around the date of the request, April 24, 2014. The applicant was reportedly working regular duty on that date, despite ongoing complaints of knee pain. The attending provider's progress note of April 24, 2014 contained no mention or references of the need for home health services. It was not clearly stated whether the request for home-based physical therapy represented request for physical therapy as of that time or whether the request represented a request for postoperative physical therapy following planned total knee arthroplasty surgery. The request, thus, cannot be supported owing to its ambiguous nature and the lack of supporting commentary from the attending provider in his progress note. Therefore, the request was not medically necessary.

**8 Home Health visits by a Nurse for Blood Draws 2x week for 4 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Similarly, the request for eight home health visits by nurse for blood draw purposes was likewise not medically necessary, medically appropriate, or indicated here. While page 51 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend home health services for the purposes of delivering otherwise recommended medical treatment to applicants who are homebound, in this case, however, there was no mention of the applicant's being homebound on or around the April 24, 2014 office visit on which the request was initiated. Said progress note contained no references to the need for home health services for the purposes of performing blood draws. The applicant was ambulatory as of the April 2014 office visit in which the request in question was initiated. The applicant was working regular duty as of that point in time, it was acknowledged. It was not clearly established for what purpose the blood draws in questions were intended. Therefore, the request was not medically necessary.