

Case Number:	CM15-0005014		
Date Assigned:	01/16/2015	Date of Injury:	01/21/2003
Decision Date:	03/11/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/09/2015

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 70 year old male who sustained a work injury on January 21, 2003. He complains of chronic knee pain and back pain. The diagnoses have included osteoarthritis of the knee, sacral sprain and lumbar sacral disc degeneration. Treatments included a home exercise program, medications, and physical therapy, viscous-supplementation and steroid injections. On July 29, 2014, h the injured worker underwent a right knee arthroscope and partial medial meniscectomy and ACL debridement. On November 14, 2014, the injured worker complained of ongoing chronic right knee pain and chronic low back pain. He is intolerant of standing. He continues with medications with some relief. X rays of the right knee revealed no limitation in flexion, extension, internal or external rotation. On December 17, 2014, Utilization Review non-certified one Home health Evaluation for the right knee as an outpatient, noting the Chronic Pain Medical Treatments Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Evaluation for The Right Knee As An Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

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 addition, home health is recommended for medical treatment. In this case, the request for home health was for post-operative physical therapy but the length of time for home health evaluation was not mentioned. The frequency and duration of therapy or the inability to visit outpatient therapy was not specified. As a result, the request is not medically necessary.