

Case Number:	CM15-0008404		
Date Assigned:	01/26/2015	Date of Injury:	12/07/2005
Decision Date:	03/30/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/14/2015

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: 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 was a 64 year old male, who sustained a work related injury, December 7, 2005. The injuries were sustained in a motor vehicle accident, while on the job. The injured worker injured the lumbar back and bilateral knees. The injured workers chief complaint was postoperative left knee pain. The injured worker had left total knee arthroplasty December 31, 2014. The injured worker was diagnosed with left knee internal derangement with degenerative changes with two prior arthroscopy surgeries. The injured worker received laboratory studies, MRI of the left knee, Synvisc injections; EMG/NCS (electromyography and nerve conduction studies) of the lower extremities, the injured worker had left knee arthroplasty December 31, 2014. On December 10, 2014, the primary treating physician requested postoperative at home health physical therapy for the left knee for 2 weeks, until follow-up with orthopedics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Home Health physical therapy left knee for 2 weeks until follow-up with Ortho:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on home health services, page 51 states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound up to no more than 35 hours per week. Thus, a determination of whether a patient qualifies for home physical therapy and the duration of such treatment depends upon the patient's postoperative progress. It is not possible to know on a prospective basis, consistent with the request in this case, for how long a patient will require postoperative physical therapy or in what setting the therapy would be required, such as home versus inpatient, versus outpatient. Therefore, the medical records and guidelines do not support the current request. This request is not medically necessary.