

Case Number:	CM15-0008497		
Date Assigned:	01/23/2015	Date of Injury:	06/16/2011
Decision Date:	03/26/2015	UR Denial Date:	12/29/2014
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: California, Arizona

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 70-year-old male who reported an injury on 01/16/2011, due to an unspecified mechanism of injury. On 01/06/2015, he presented for a followup evaluation. He reported bilateral knee pain and was noted to be status post right total knee on 07/2014. He rated his pain at a 5/10. He also reported 6/10 neck pain and 4/10 low back pain. A physical examination showed that he was in no acute distress and had good mood and affect. His gait and station were antalgic, and he had a short step gait with the use of a cane for assistance. The right knee showed an anterior vertical incision, and mild tenderness to the medial joint line with pain with partial deep knee bend and quad weakness noted. Range of motion was documented as 125 to flexion of the right knee and 30 with the left knee with pain. Strength was a 3/5 bilaterally against extension on the quadriceps on the knees and deep tendon reflexes were intact. He was diagnosed with bilateral knee sprain/strain severe, osteoarthritis, status post right knee arthroplasty and left total knee derangement and left knee severe osteoarthritis. The treatment plan is for unknown home health with duration and frequency determined postoperatively. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown home help with duration and frequency determined postoperatively: 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: The California MTUS Guidelines indicate that home health services are recommended for those who are home bound on a part time or intermittent basis. The clinical documentation submitted for review did not indicate that the injured worker was home bound on a part time or intermittent basis, and did not show that he had any significant functional deficits that would support the request for home health. In addition, the exact treatment provided and the duration of treatment was not stated within the request and was not evident within the documentation provided. Therefore, the request is not supported. As such, the request is not medically necessary.