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| Case Number: | CM15-0010787 | | |
| Date Assigned: | 02/17/2015 | Date of Injury: | 05/30/2008 |
| Decision Date: | 04/02/2015 | UR Denial Date: | 01/07/2015 |
| Priority: | Standard | Application Received: | 01/20/2015 |

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

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 65 year old male, who sustained an industrial injury on 5/30/2008. The diagnoses have included left knee osteoarthritis. Past medical history included asthma and hypertension. Treatment to date has included postoperative inpatient rehabilitation. The injured worker underwent left total knee replacement on 12/19/2014. According to the consult note dated 12/29/2014, the injured worker was being treated in inpatient rehabilitation for a left total knee replacement. He was transferred to acute care with acute abdominal pain. He was diagnosed with acute diverticulitis. The discharge date from the hospital was not included in the documentation. On 1/7/2015, Utilization Review (UR) modified a request for Home Health Skilled Nursing Visits three times a week for four weeks to three times a week for two weeks. UR modified a request for Home Health Physical Therapy three times a week for four weeks to three times a week for two weeks. UR non-certified a request for Home Health Occupational Therapy three times a week for four weeks. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health skilled nursing visits 3 times a week for 4 weeks: Overturned

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

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

Decision rationale: According to the 12/20/2014 report, this patient is 1 day status post left total knee replacement. The current request is for home health skilled nursing visits 3 times a week for 4 weeks and the Utilization Review partial certification for home health skilled nursing visits 3x/week for 2 weeks. UR states A course of 2 weeks of home health skilled nursing is indicated with re-evaluation of status following these sessions is recommended at this time. Regarding home health service, MTUS guidelines recommend medical treatment for patients who are home bound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. MTUS guidelines typically do not consider homemaking services such as shopping, cleaning, laundry, and personal care, medical treatments if these are the only services needed. The medical reports provided for review, indicate the patient underwent left knee surgery on 12/19/2014 and now has difficulty with functional mobility and functional transfer. In this case, the treating physician document that the patient has loss of function of a limb or mobility; the requested home health care is supported. The request IS medically necessary.

Home health occupational therapy 3 times a week for 4 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: According to the 12/20/2014 report, this patient is 1 day status post left total knee replacement. The current request is for home health occupational therapy 3 times a week for 4 weeks. Regarding post-surgical total knee replacement therapy treatments, MTUS guidelines recommend 30 visits over 12 weeks with time frame for treatment of 6 months. In this case, the requested 12 sessions of post-operative therapy is supported by the MTUS guidelines. The request IS medically necessary.

Home health physical therapy 3 times a week for 4 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: According to the 12/20/2014 report, this patient is 1 day status post left total knee replacement. The current request is for home health physical therapy 3 times a week for 4 weeks and the Utilization Review modified the request to 3 times a week for 2 weeks. Regarding

post-surgical total knee replacement therapy treatments, MTUS guidelines recommend 30 visits over 12 weeks with time frame for treatment of 6 months. In this case, the requested 12 sessions of post-operative therapy is supported by the MTUS guidelines. The request IS medically necessary.