

<b>Case Number:</b>	CM15-0137913		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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:

This is a 51 year old female with a January 3, 2013 date of injury. A progress note dated June 25, 2015 documents subjective complaints (significant left knee pain), objective findings (good range of motion of the left knee; crepitus with flexion and extension with significant pain along the medial hemi joint and the patellofemoral joint; knee is stable in all planes), and current diagnoses (degenerative joint disease of the left knee). Treatments to date have included knee surgery, cortisone injections, medications, activity modifications, imaging studies, and rest. The medical record indicates that the injured worker underwent a left total knee arthroplasty on the date of the examination. The treating physician documented a plan of care that included home health physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health physical therapy visits qty: 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** MTUS recommends home health services for patients who are homebound and require specific types of healthcare services, which cannot be provided in an alternate setting such as an outpatient. The records in this case do not clearly document the nature of prior physical therapy or the specific goals of the current request. Moreover, the records do not clearly document that this patient is homebound. For these multiple reasons, this request is not medically necessary.