

Case Number:	CM15-0140602		
Date Assigned:	07/30/2015	Date of Injury:	07/28/2014
Decision Date:	09/08/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/20/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 (IW) is a 67-year-old female who sustained an industrial injury on 07-28-2014. Diagnoses include status post total knee replacement, right. Treatment to date has included medications, physical therapy, repeated surgery and IV antibiotics. According to the progress notes dated 7-10-2015, the IW reported her pain was well controlled and she was pleased with her progress. She was 10 days post-op right total knee arthroplasty re-implantation. On examination, the right knee was healing well with no evidence of infection. There was diffuse ecchymosis. Extension was to 0 degrees, able to straight leg raise, and flexion was to 85 degrees. A request was made for home physical therapy, once or twice a week for six to eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Home Physical Therapy, 1 to 2 times a week for six to eight weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg.

Decision rationale: CA MTUS/ACOEM is silent on the issue of home physical therapy. According to ODG, Knee and Leg, home health services including physical therapy are only for medical treatment in patients who are home-bound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration. There is no evidence in the records from 6/30/15 and 7/4/15 that the patient is home bound. There is no other substantiating reason why home health physical therapy is required. Therefore, request is not medically necessary.