

Case Number:	CM15-0142497		
Date Assigned:	08/06/2015	Date of Injury:	02/14/2008
Decision Date:	09/03/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/23/2015

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, Pain Management

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 62 year old female who sustained an industrial fall injury to her knee on 02-14-2008. The injured worker was diagnosed with degenerative joint disease of both knees. The injured worker has been authorized for right total knee replacement. Treatment to date has included diagnostic testing, physical therapy, cane and walker assistive devices and medications. According to the primary treating physician's progress report on July 7, 2015, the injured worker continues to experience persistent knee pain. The injured worker ambulates with a cane. The injured worker is waiting for scheduling of the authorized right total knee replacement. There was tenderness and crepitus of the knees. Current medications are listed as Ultram and Lidocaine patches. Treatment plan consists of right total knee replacement with home supervised physical therapy post-operatively, home health RN evaluation, post-operative transcutaneous electrical nerve stimulation (TEN's) unit, compression unit, continuous passive motion (CPM) unit and the current request for home health.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health: Overturned

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: Regarding the request for home health care, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Within the documentation available for review, there is planned right total knee replacement and the patient would become homebound after surgery. In addition, the provider has ordered for home health to complete post-op physical therapy which is reasonable. As such, the currently requested home health care is medically necessary.