

<b>Case Number:</b>	CM15-0149819		
<b>Date Assigned:</b>	08/13/2015	<b>Date of Injury:</b>	09/30/1991
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### 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 is a 74-year-old male who sustained an industrial injury on 9-30-91. The initial complaint and nature of the injury are unavailable for review. A progress noted, dated 10-23-13, indicated that the injured worker presented to the provider office for "re-evaluation of bilateral knee pain, which initially developed after a work injury in the 1990's". The report states that he has a history of chondrocalcinosis and osteoarthritis of both knees. It also indicates a history of "previous arthroscopic surgery for debridement on both knees". The report states that the injured worker has "end-stage osteoarthritis". Viscosupplementation injection was noted to be "ineffective" in relieving pain. The treatment plan was for knee replacement surgery on both knees. The right knee was noted to be "the most symptomatic" at that time. He was examined by an orthopedic surgeon on 12-20-13. X-rays of both knees were taken. The diagnosis was "end stage osteoarthritis of both knees". Conservative versus operative intervention was discussed. The report indicates that "non-operative treatment failed to control the symptoms" and that the injured worker was a candidate for bilateral total knee replacement, starting with the right total knee arthroplasty. An orthopedic note dated 12-18-14 indicates that the injured worker presented for a three-month follow-up for a left total hip arthroplasty. Right knee x-rays were taken on that visit. Recommendations were noted to "proceed with right total knee arthroplasty as this was placed on hold due to left hip surgery". The next available record for review was dated 6-8-15. This record was an operative report, indicating that the preoperative diagnosis was "Maltracking of patellar component, right total knee arthroplasty". A revision of patellar component, right total knee arthroplasty and open lateral release of the right knee were conducted on that date. On 7-3-15, the record indicates that the right knee had been "swollen and somewhat painful" for three weeks. The proximal portion of the surgical incision was noted to be "open and occasionally

draining since the time of surgery". The provider indicated that the injured worker's "presentation and history is concerning for septic total knee arthritis". Recommendations for aspiration of his knee with cell count, gram stain, culture, and crystal analysis were made, then to review the findings the following morning to "make a determination regarding need for irrigation, debridement, and possible liner exchange versus explanation". On 7-4-15, he underwent an incision and drainage, and debridement of the right knee, as well as an exchange of the liner. On 7-10-15, a request for authorization of Home Health - IV antibiotics was made for "infected prosthetic knee joint".

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Home Health Program for Right Knee/ICAB every 4 hrs for 45 days: Upheld**

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

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

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended 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 7/3/15 that the patient is home bound. There are no other substantiating reason why home health services are required. Therefore, the request is not medically necessary.