

Case Number:	CM15-0189654		
Date Assigned:	10/01/2015	Date of Injury:	11/05/2009
Decision Date:	11/16/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/25/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 44-year-old who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of November 5, 2009. In a Utilization Review report dated August 28, 2015, the claims administrator failed to approve requests for a 14-day hospital bed rental and home health services at a rate of 6 hours a day, 7 days a week, and 2 weeks. The claims administrator referenced an RFA form received on August 25, 2015 in its determination. It was suggested that the applicant was pending a knee ACL reconstruction procedure and unicompartmental knee replacement on August 27, 2015. The applicant's attorney subsequently appealed. On September 8, 2015, it was stated that the applicant had undergone a knee ACL reconstruction procedure. The applicant was using a brace and walker to move about. The applicant was asked to transition to crutches. The applicant was placed off of work, on total temporary disability, while Norco was renewed. On August 27, 2015, the applicant underwent a knee arthroscopic chondroplasty with revision ACL repair procedure using an Achilles tendon allograft.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital bed 14 day rental: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG. Durable medical equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee, Durable medical equipment (DME).

Decision rationale: Yes, the request for a hospital bed 14-day rental was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic of hospital beds or durable medical equipment for postoperative use purposes. However, ODG's Knee Chapter notes that certain DME items are medically necessary if an applicant is bed or room confined when prescribed as part of a medical treatment plan for injury, infection, or conditions which result in physical limitations. ODG notes that DME is defined as articles which can withstand repeated use, can be rented, use by successive patients, and are intended to serve a medical purpose. Here, the applicant was described as having postoperative ambulatory deficits following a relatively major ACL reconstruction procedure on August 27, 2015. The applicant was described as using a walker to move about as of December 8, 2015. Provision of a hospital bed for 14 days postoperatively would have facilitated the applicant's ability to transfer to and from a seated to a recumbent position in the immediate postoperative phase. Therefore, the request was medically necessary.

Home Health Care 7 days a week for 6 hours times 2 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Home health services.

Decision rationale: Similarly, the request for home health care at a rate of 6 hours a day, 7 days a week x2 weeks was likewise medically necessary, medically appropriate, and indicated here. While page 51 of the MTUS Chronic Pain Medical Treatment Guidelines notes that homemaker services such as laundry, personal care, shopping, cleaning, bathing, dressing, and the like do not constitute medical treatment, this recommendation is, however, contravened by a more updated Medical Treatment Guideline (MTG) in the form of ODG's chronic pain chapter home health services topic which notes that home health services are recommended on a short-term basis following major surgical procedures. Here, the applicant in fact underwent a major ACL reconstruction procedure on August 27, 2015. The applicant was minimally ambulatory to semi-ambulatory as of a subsequent office visit of September 8, 2015. The applicant was still using a walker to move as of that date. The applicant would likely have had difficulty performing homemaker services during the immediate 2-week postoperative window at issue. Provision of a home health aide was, thus, indicated on a temporary basis postoperatively. Therefore, the request was medically necessary.