

Case Number:	CM15-0201305		
Date Assigned:	10/16/2015	Date of Injury:	06/06/2013
Decision Date:	12/02/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/13/2015

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, Hawaii

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:

The injured worker is a 59 year old female who sustained an industrial injury on 6-6-13. The assessment is noted as possible medial and lateral meniscus tears-bilateral knees and degenerative joint disease-bilateral knees. Subjective complaints (9-4-15) include worsening pain in both knees causing her to fall down six days ago, pain is rated at 7 at rest and 8 out of 10 with activity. Objective findings (9-4-15) include left knee moderate effusion, ecchymosis, tenderness to palpation over the patella, range of motion of 0-120 degrees with crepitus and pain, and motor is 4 out of 5. The right knee findings are mild effusion and ecchymosis, tenderness to palpation over the patella, range of motion 3-100 degrees and motor is 4 out of 5. It is noted she followed up with a total joint replacement specialist regarding bilateral knees and getting a total knee arthroplasty. Previous treatment includes use of hot and cold modalities and medication. The requested treatment of home health physical therapy, left knee, post-operative 12 sessions, was non-certified on 9-24-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care (HHC) physical therapy; left knee post-op: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with pain affecting the left knee. The current request is for Home health care (HHC) physical therapy: left knee post-op. The report with this request was not provided for review. In the most recent report provided for review, the treating physician states in the report dated 9/4/15, "The patient did a follow up with a total joint replacement specialist regarding her bilateral knees in hopes of getting a TKA approved." (14B) The MTUS Guidelines state, "Home health services: Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or 'intermittent' basis, generally up to no more than 35 hours per week. 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." In this case, in the records provided for review, it is unknown if the patient has received a knee surgery and it is not documented if the patient is homebound. The request does not specify the frequency or duration of care required. Additionally, a post-TKA patient is usually discharged from the hospital or SNF ambulatory so it is not known why a patient would require home health for medical treatment. Based on the medical records provided, the current request is not medically necessary.