

<b>Case Number:</b>	CM15-0021429		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	04/06/2009
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 53 year old female, who sustained an industrial injury on April 6, 2009. The diagnoses have included right knee tri-compartment osteoarthritis, right knee pain and total knee replacement. On January 15, 2015 the injured worker underwent a right total knee replacement. The injured worker's was evaluated on January 26, 2015. Her wound is healing satisfactorily and she has moderate swelling of the knee. Her motion is between 10 and 100 degrees and she is using Norco for pain. She ambulates with a walker at home. On January 26, 2015, Utilization Review non-certified a request for post-operative home health care skilled nurse visit, noting that there were no post-operative physician notes for review. Utilization Review spoke with the injured worker's physician who agreed that there were no skilled nursing services that were needed by the injured worker. Non-MTUS references were cited in this determination. On February 4, 2015, the injured worker submitted an application for IMR for review of home health care skilled nurse visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health care skilled nurse visit:** Upheld

**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:** Per MTUS CPMTG with regard to 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. (CMS, 2004) Per the guidelines, medical treatment does not include personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The documentation submitted for review indicates that the UR physician spoke with the injured worker's physician who agreed that there were no skilled nursing services that were needed by the injured worker. The request is not medically necessary.