

Case Number:	CM15-0024512		
Date Assigned:	02/17/2015	Date of Injury:	10/07/2010
Decision Date:	03/26/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/09/2015

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

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 55-year-old male, with a reported date of injury of 10/07/2010. The diagnoses include left knee pain and status post left knee joint replacement. Treatments have included an x-ray of the left knee on 04/24/2014, physical therapy, left knee aspiration in 08/2013, and left knee arthroscopy, debridement of scar, lateral release, revision left total knee replacement on 01/12/2015. The progress report dated 12/19/2014 indicates that the injured worker had residual pain in the knee. He had snapping while walking. It was noted that the injured worker's range and stability was still quite good. There was no evidence of neurological abnormality or change. The physical examination of the left knee showed a mild limp, normal sensation, and range of motion at 0 to 110 degrees. Post-operative home health care physical therapy for the left knee was requested. On 01/15/2015, Utilization Review (UR) denied the request for post-operative home health care physical therapy for the left knee. The UR physician noted there was no indication of why the service was needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Home Health Care: 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 Chronic Pain Medical Treatment Guidelines Post-surgical Therapy for Knee, pages 14-15; Pain Chap.

Decision rationale: There are no post-operative complications or co-morbid medical history in need of home health. There was no notation the patient was homebound with slow progress, requiring home PT beyond post-op hospital therapy. Submitted reports have not adequately demonstrated the indication to support home health physical therapy per guidelines criteria with recommended outpatient treatment. Additionally, MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. There is no specific deficient performance issue evident as the patient has no documented deficiency and was independent prior to surgery without any clear neurological deficits making the patient bedbound. It is unclear if there is any issue with family support. Reports have unchanged chronic symptoms without clear medical deficits identified for home therapy. The Post Op Home Health Care is not medically necessary and appropriate.

Physical Therapy Left Knee: 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 Arthritis (Arthropathy, unspecified) (ICD9 716.9): Postsurgical treatment, arthroplasty, knee.

Decision rationale: The Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 10 weeks for arthroplasty over a postsurgical physical medicine treatment period of 4 months. Submitted reports have not adequately demonstrated the indication to support for unspecified number of physical therapy visits without initial trial sessions certified. The patient's knee surgery was planned for January that would be 3 months without documented functional limitations or complications. Consideration of therapy is reasonable with documented functional benefit. The Physical Therapy Left Knee is not medically necessary and appropriate.