MAXIMUS Federal Services

Case Number:	CM15-0217693		
Date Assigned:	11/09/2015	Date of Injury:	11/27/2000
Decision Date:	12/29/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/05/2015

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, California
Certification(s)/Specialty: Family Practice

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 65 year old male who sustained an industrial injury on 11-27-00. Medical records indicate that the injured worker has been treated for anterior cruciate ligament tear; arthritis of the left knee; severe degenerative joint disease of the left knee. He currently (10-14-15) complains of severe left knee pain that has been ongoing for 4 years with gradual worsening. He has pain with weight bearing and ambulation. Physical exam of the left knee revealed decreased range of motion, tibial femoral crepitation and medial joint line tenderness, loose Lachman exam with soft endpoint and mild varus laxity. Treatments to date include physical therapy; bracing; status post left anterior cruciate ligament repair (2000); lumbar laminectomy in 2001; right knee partial medial meniscectomy; right total knee arthroplasty in 2005 rest; activity modification; intra-articular corticosteroid injections; ice; heat; medications: Aleve, ibuprofen, Norco. He was scheduled for left knee total arthroplasty on 10-21-15. The request for authorization dated 10-14-15 was for home health occupational therapy 3 times a week for 2 weeks for the left knee. On 10-21-15 Utilization Review non-certified the request for home health occupational therapy 3 times a week for 2 weeks fort the left knee, modified to 2 times a week for 1 week. The patient's surgical history included left knee total arthroplasty on 10-22-15. Post op medication list included Oxycontin and Tylenol. Per the note dated 10/29/15, the patient was discharged with a walker. The patient had left knee pain and swelling at 3-5/10. Physical examination of the left knee revealed limited range of motion, tenderness on palpation and decreased strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health occupational therapy 3 times a week times 2 weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg/Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services, and Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: Home health occupational therapy 3 times a week times 2 weeks for the left knee, Per the CA MTUS guidelines cited below, regarding home health services "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis." A detailed rationale for home health OT was not specified in the records specified. A detailed rationale for not being able to go to an occupational therapy facility was not specified in the records specified. Documented evidence that patient is homebound or bedridden is not specified in the records provided. The request for Home health occupational therapy 3 times a week times 2 weeks for the left knee is not medically necessary in this patient.