MAXIMUS Federal Services

Case Number:	CM15-0218900		
Date Assigned:	11/12/2015	Date of Injury:	05/23/2012
Decision Date:	12/29/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/06/2015

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 [redacted] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 20, 2012. In a Utilization Review report dated October 23, 2015, the claims administrator failed to approve a request for Home Health services. An October 12, 2015 office visit was referenced in the determination. The treating provider contended that the applicant had either undergone or was slated to undergo a total knee arthroplasty procedure. The applicant's attorney subsequently appealed. On a handwritten note dated September 2, 2015, the applicant was described as scheduled to undergo a right total knee arthroplasty. The applicant was placed off of work, on total temporary disability, in the interim. On October 20, 2015, the applicant underwent a right knee total knee arthroplasty procedure to ameliorate a preoperative diagnosis of right knee arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health nursing for post-operative assistance and care, 18 days, daily for two weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

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: Yes, the request for Home Health nursing for postoperative assistance and care for 18 days in the aftermath of a total knee arthroplasty surgery of October 20, 2015 was medically necessary, medically appropriate, or indicated here. While page 51 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that home maker service such as shopping, cleaning, laundry, i.e., the services being sought here in aftermath of the applicant's having undergone a total knee arthroplasty surgery on October 20, 2015, the MTUS position is contravened a more updated Medical Treatment Guideline (MTG) in form of the 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 or inpatient hospitalization. Here, the applicant had undergone a total knee arthroplasty surgery on October 20, 2015. Temporary Home Health assistance on the order of approximately 18 days following said total knee arthroplasty surgery was, thus, indicated and in-line with ODG's Chronic Pain Chapter Home Health services topic. Therefore, the request was medically necessary.