

Case Number:	CM15-0031647		
Date Assigned:	03/26/2015	Date of Injury:	06/21/2014
Decision Date:	05/01/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/19/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is an 81 year old male who sustained an industrial twisting injury to his left knee on June 21, 2014. The injured worker was diagnosed with degenerative joint disease of the left knee and internal derangement left knee. Treatment to date has included diagnostic X-Rays, left knee magnetic resonance imaging (MRI), steroid injection and medications. According to the primary treating physician's progress report on January 7, 2015 the patient continues to experience left knee pain which is unchanged from the previous visit. Examination of the left knee demonstrated tenderness over the medial and lateral joint line. There was no swelling, effusions or crepitus noted. Sensation and motor strength was intact. Some atrophy of the thigh was noted. Gait was antalgic on the left. Current medications are listed as Ibuprofen, Voltaren and Vicodin. Treatment plan consists of continuation of medication, total knee arthroplasty; home based physical therapy, home health care for medical needs along with the requested home health services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 3 times a week for 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg (updated 10/27/14), Home health services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home healthcare services.

Decision rationale: Pursuant to the Official Disability Guidelines, home healthcare services three times per week times two weeks are not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization to prevent hospitalization or to provide longer-term in-home medical care and domestic care services for those whose condition that would otherwise require inpatient care. Home health services include both medical and nonmedical services deemed to be medically necessary for patients who are confined to the home (homebound) and to require one or all of the following: skilled care by a licensed medical professional; and or personal care services for tasks and assistance with activities of daily living that do not require skilled medical professionals such as bowel and bladder care, feeding and bathing; and or domestic care services such as shopping, cleaning and laundry. Justification for medical necessity requires documentation for home health services. Documentation includes, but is not limited to, the medical condition with objective deficits and specific activities precluded by deficits; expected kinds of services required for an estimate of duration and frequency; the level of expertise and professional qualification; etc. The history of present illness in the January 7, 2015 progress note states the left total knee replacement has been denied. The injured worker returned for a reevaluation of the knee January 7, 2015 with no change since the prior visit. The patient has not been going to physical therapy. The worker takes opiates and anti-inflammatories. The injured worker's working diagnoses are knee pain left; and osteoarthritis knee. The treating physician provided a lengthy discussion on degenerative joint disease affecting the knee. The total knee replacement was denied. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalizations to prevent hospitalization or provide longer-term in-home medical care and domestic care services for those whose condition it would otherwise require inpatient care. The injured worker needs to be confined to the home and require skilled nursing care by a licensed medical professional and/or personal care services that do not require skilled professionals. There is no clinical indication the injured worker was homebound. The injured worker was ambulatory according to the documentation. The total left knee replacement was denied. Consequently, home healthcare services are no longer medically necessary. If the surgery were deemed medically necessary, home healthcare services are still not medically necessary because there was no discussion/documentation of the injured worker being homebound (post-operatively). Consequently, absent clinical documentation of homebound status pre-and/or post operatively, home healthcare services three times per week times two weeks are not medically necessary.