

Case Number:	CM15-0032929		
Date Assigned:	02/26/2015	Date of Injury:	06/07/2010
Decision Date:	04/13/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/23/2015

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 63-year-old [REDACTED] beneficiary who has filed a claim for chronic knee pain and knee arthritis reportedly associated with an industrial injury of June 7, 2010. In a Utilization Review Report dated January 29, 2015, the claims administrator failed to approve a request for an in-home nursing evaluation. The claims administrator referenced a January 23, 2015 RFA form and associated progress note of January 13, 2015 in its determination. The claims administrator contended that the applicant was pending a planned total knee arthroplasty surgery. The claims administrator contended that the applicant did not need home health services or home health evaluation, noting that the applicant had not had the knee surgery in question. The applicant's attorney subsequently appealed. On January 13, 2015, the applicant reported ongoing complaints of knee pain with associated clicking, locking, popping, and difficulty walking. The applicant was given diagnosis of end-stage knee arthritis. The applicant was exhibited a visibly antalgic gait. The applicant was asked to pursue a total knee arthroplasty. The January 13, 2015 progress note did not contain any reference to the need for a home nursing evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-home nurse (RN) evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: No, the request for an in-home nursing evaluation was not medically necessary, medically appropriate, or indicated here. While page 51 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that home health services are recommended only to deliver otherwise medically recommended treatment to applicants who are homebound, in this case, however, the attending provider did not state what home health service he intended for the applicant to receive. The attending provider did not clearly state why he wanted the in-home nursing evaluation to take place before the surgery in question had transpired. The attending provider made no mention of the need for the in-home nursing evaluation in his January 13, 2015 progress note. Therefore, the request was not medically necessary.