

Case Number:	CM15-0034009		
Date Assigned:	02/27/2015	Date of Injury:	01/26/1989
Decision Date:	04/14/2015	UR Denial Date:	02/17/2015
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: California

Certification(s)/Specialty: Orthopedic Surgery

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 66-year-old female, with a reported date of injury of 01/26/1989. The diagnoses include right knee pain and status post right total knee arthroplasty in 2002. Treatments included oral medications, a back brace, injections, and topical pain medication. The medical report dated 01/28/2015 indicates that the injured worker had right knee pain. She rated her pain 8 out of 10 with medications, and 10 out of 10 without medications. A physical examination of the right knee showed varus deformity, swelling, the presence of a scar, warmth and tenderness at the joint line, and pain with flexion and extension. The treating physician requested rehabilitation post knee surgery and home health post knee surgery. It was noted that the injured worker will require rehabilitation after the right knee surgery and will not be able to take care of herself after, and then she would require home health care. On 02/17/2015, Utilization Review (UR) denied the request for rehabilitation post knee surgery (specific rehab not specified, frequency, and duration not provided), and home health post knee surgery (frequency and duration not provided). The UR physician noted that there was no documentation of the specific type of rehabilitation and the frequency and duration of therapy required. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative (knee) rehabilitation: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, page 24, Knee, arthroplasty of the knee recommends 24 visits over 10 weeks with a post-surgical treatment period of 4 months. The guidelines recommend #130; of the authorized visit initially therefore, 12 visits are medically necessary. As the request has an unspecified type or amount of rehabilitation, the determination is for non-certification.

Post-operative (knee) Home Health: Upheld

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

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

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are homebound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration. There is no evidence in the records from 1/28/15 that the patient is home bound. There are no other substantiating reason why home health services are required. Therefore, determination is for non-certification.