

<b>Case Number:</b>	CM15-0037802		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	04/21/2010
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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 62-year-old female with an industrial injury dated April 21, 2010. The injured worker diagnoses include sprain and strain of unspecified site of knee and leg. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, and periodic follow up visits. According to the progress note dated 2/2/2015, the injured worker reported constant right knee pain. Documentation also noted reports of swelling, popping and clicking. Physical exam of the bilateral knee revealed an antalgic gait, effusion on the right, right crepitus with range of motion, decrease muscle strength, tenderness over the right medial patella and right lateral patella, positive McMurray sign on the right, and tenderness over the right medial joint line. The treating physician noted that the x-ray of the right knee revealed a well maintained alignment with no evidence of fracture, subluxation or dislocation. MRI of the right knee revealed consistent tear of the posterior horn of the medial meniscus. The current diagnosis consists of right knee internal derangement with medial meniscus tear. Treatment plan includes recommendation for right knee surgery, pre-operative clearance prior to surgery, RN assessment for postoperative wound care, post-surgery physical therapy, motorized cold therapy unit, deep vein thrombosis (DVT) unit and mobility crutches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RN Assessment for Postoperative wound care and home aid as needed:** 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 home-bound 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 2/2/15 that the patient is home bound. There are no other substantiating reasons why home health services are required. Therefore determination is for non-certification.