

Case Number:	CM15-0041112		
Date Assigned:	03/11/2015	Date of Injury:	12/16/2013
Decision Date:	05/11/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/04/2015

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: Minnesota, Florida
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 63-year-old female, who sustained an industrial injury on 12/16/2013. She has reported subsequent bilateral knee pain and was diagnosed with bilateral knee contusions, medial meniscal tears, and osteoarthritis of both knees. Treatment to date has included oral pain medication and physical therapy. In a progress note dated 01/29/2015, the injured worker complained of bilateral knee pain. Objective findings were notable for decreased range of motion and painful crepitus and medial joint line tenderness. A request for a total knee arthroplasty and post-operative rehab facility has been certified. A request for authorization of home physical therapy x6 visits was modified by UR to 4 visits. This has been submitted for an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Physical Therapy 3 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The documentation indicates that the injured worker is undergoing a total knee arthroplasty. She will be hospitalized for 3 days and will subsequently be transferred to a rehabilitation facility for 10 days. Home health physical therapy is provided for 4 sessions. At that time there is no indication why the injured worker will not be able to obtain physical therapy as an outpatient. As such, the request for home health physical therapy x6 visits is not supported and the medical necessity of the request has not been established.