

<b>Case Number:</b>	CM15-0046840		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	10/08/2005
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 53 year old obese female, who sustained an industrial injury on 10/08/2005. She reported a slip and fall with injury to both knees. The injured worker was diagnosed as having chronic pain syndrome, knee joint replacement, unspecified obesity, enthesopathy of hip region, unspecified opioid type dependence, constipation, and major depressive affective disorder. Treatment to date has included surgical (right knee replacement on 11/15/2012 and left knee replacement on 2/26/2013) and conservative measures, including diagnostics, medications, and physical therapy (6 months). Currently, the injured worker complains of continued left knee pain, with frequent popping and locking. Pain was rated 8/10 on average, with medications. She was functionally limited, had poor quality of life, and had fear and guarding around activities of daily living. Physical exam noted a slow gait, with a walker. Left knee extension was 170 degrees on the left and 160 degrees on the right. Diffuse tenderness to palpation and slight swelling of the left knee were noted. Current medications included Kadian, Norco, and Amitiza. An orthopedic progress note, dated 2/23/2015, noted that she needed a lateral release, patella reefing, and tibial liner exchange with synovectomy. This procedure request included an inpatient stay, pre-operative clearance, diagnostics, assistant surgeon, home health nursing, home health physical therapy, and durable medical equipment. Her body mass index was 46.8%. A computerized tomography of the left knee, dated 11/06/2014, was submitted. The procedure has been certified. Home health Physical therapy has also been certified. The disputed request pertains to home health nursing 2x a week for 4 weeks.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Associated surgical service home health nurse 2 times a week for 4 weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** California MTUS chronic pain guidelines indicate 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 aids like bathing, dressing, and using the bathroom when this is the only care needed. Utilization review has indicated that the injured worker will be homebound and authorized 8 physical therapy treatments at home. As such, home health care will also be necessary for otherwise recommended medical treatment including care of the incision. Therefore the request as stated for home healthcare visits is appropriate and medically necessary.