

Case Number:	CM15-0052291		
Date Assigned:	03/25/2015	Date of Injury:	07/23/2010
Decision Date:	05/05/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/19/2015

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 54 year old male with an industrial injury dated 07/23/2010. The injured worker diagnoses include end stage right knee osteoarthritis and stable left total knee arthroplasty. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 02/10/2015, the injured worker reported right knee pain. Right knee exam revealed effusion, decreased range of motion, pain, crepitus, guarding and antalgic gait. The diagnosis was end stage osteoarthritis. A total knee arthroplasty with associated surgical requests has been certified. The disputed request pertains to services for in-home registered nurse 2 times a week for 2 weeks post operatively for medication intake and vitals.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-Home registered nurse 2 times a week for 2 weeks post operatively for medication intake and vitals: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 02/05/15).

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

Decision rationale: The injured worker is undergoing a total knee arthroplasty. California MTUS chronic pain guidelines indicate home health services are recommended only for otherwise recommended medical treatment for patients who are home bound, 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 only care needed. The documentation provided indicates that one home health visit was approved. After an initial evaluation of the home health situation after surgery, additional visits may be recommended. The request as stated is for 2 weeks of home health care by a registered nurse, 2 times a week, for monitoring the incision, changing dressings, and monitoring the medications, and vital signs. After 2 weeks the injured worker should be able to travel for outpatient visits and home health care will not be necessary. As such, the request for home health care for 2 weeks is appropriate and the medical necessity is established.