

Case Number:	CM15-0055864		
Date Assigned:	04/01/2015	Date of Injury:	10/17/2003
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/24/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 (IW) is a 74-year-old female who sustained an industrial injury on 10/17/2003. Diagnoses include probable infection of the right knee, status post right total knee replacement. Previous treatments and diagnostics were not submitted for review. According to the operative report dated 6/11/14, the IW underwent right knee arthrotomy with irrigation and debridement, exchange of a tibial spacer and insertion of antibiotic beads due to infection following right total knee arthroplasty. The wound was dressed and a Hemovac drain was placed. A request was made for home health RN as needed for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health RN as needed for right knee: Upheld

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

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

Decision rationale: The patient is a 74 year old female with an injury on 10/17/2003. She had a right knee total arthroplasty and on 06/11/2014 she had a procedure because of a right knee

arthroplasty infection. On 01/26/2015 she had a revision right knee total arthroplasty. Post operative physical therapy was approved. There was no documentation of any RN skilled care that was medically necessary in the medical documentation provided for review. There was also no documentation that the patient was homebound. The documentation provided for review did not meet MTUS, Chronic Pain criteria for a home health RN service. The request is not medically necessary.