

Case Number:	CM15-0058392		
Date Assigned:	04/03/2015	Date of Injury:	06/16/2012
Decision Date:	05/06/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/27/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 63-year-old who has filed a claim for chronic shoulder, knee, and neck pain reportedly associated with an industrial injury of June 12, 2012. In a Utilization Review report dated March 10, 2015, the claims administrator failed to approve request for eight sessions of home health nursing. A RFA form dated March 12, 2015 was referenced in the determination. Non-MTUS ODG Guidelines were invoked, despite the fact that the MTUS did address the topic. It was suggested that the applicant had had a total knee replacement procedure on February 23, 2015. The applicant's attorney subsequently appealed. On January 16, 2015, a left total knee arthroplasty was endorsed. The applicant was also given a cane, Neurontin, Lidoderm, Motrin, Prilosec, and oral Voltaren. The applicant's knee arthritis had reportedly proven recalcitrant to conservative treatment, it was suggested. The applicant had undergone earlier multilevel cervical spine surgery on October 1, 2014. A survey of the file suggested that the January 15, 2015 progress note represented the most recent progress note on file. It did not appear, thus, that the February 20, 2015 and March 2, 2015 RFA forms made available to the claims administrator were, thus, incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Nurse 2xweek x 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 02/27/15).

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

Decision rationale: No, the request for home health nursing twice a week for four weeks was not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment to applicants who are homebound. Medical treatment, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines does not, however, include homemaker services such as shopping, cleaning, laundry, and/or personal care given by home health aide when this is the only care needed. In this case, however, the February 20, 2015 RFA form in which the article in question was requested was not incorporated into the Independent Medical Review packet. It was not clearly stated what medical services were requested here. It was not clearly established that the applicant would necessarily or inadvertently be homebound following planned total knee arthroplasty surgery. It was not clearly established whether the request represented a request for postoperative wound care versus a request for assistance with activities of daily living. Again, the February 20, 2015 RFA form and associated progress note on which the article in question was proposed was not incorporated into the Independent Medical Review packet. The information which is on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.