

<b>Case Number:</b>	CM15-0083272		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	11/08/2010
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: North Carolina  
Certification(s)/Specialty: Family Practice

### 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 61 year old female, who sustained an industrial injury on 11/8/2010. The mechanism of injury is unknown. The injured worker was diagnosed as having severe degenerative joint disease of the left knee with arthroscopic surgery in 2012 and recent breast cancer. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 3/2/2015, the injured worker complains of left knee pain. Treatment plan included a total knee arthroplasty. The treating physician is requesting 12 hours of home health aide visits, 2 weeks inpatient acute rehabilitation stay and 2 days inpatient hospital stay.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective: 12 Hours of Home Health Aide Visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, knee surgery.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG does make recommendations for home health care, inpatient rehabilitation and inpatient stays post surgery depending on the surgery itself and complications post surgery that may arise. However in this case the surgery has not been approved by utilization review and therefore the requested services are not medically necessary and the request is not certified.

**Prospective: 2 Weeks Inpatient Acute Rehabilitation Stay:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, knee surgery.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG does make recommendations for home health care, inpatient rehabilitation and inpatient stays post surgery depending on the surgery itself and complications post surgery that may arise. However in this case the surgery has not been approved by utilization review and therefore the requested services are not medically necessary and the request is not certified.

**Prospective: 2 Days Inpatient Stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Edition, Chapter: Knee & Leg (acute & chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, knee surgery.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG does make recommendations for home health care, inpatient rehabilitation and inpatient stays post surgery depending on the surgery itself and complications post surgery that may arise. However in this case the surgery has not been approved by utilization review and therefore the requested services are not medically necessary and the request is not certified.