

Case Number:	CM15-0083873		
Date Assigned:	05/06/2015	Date of Injury:	06/16/1998
Decision Date:	06/23/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/01/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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, with a reported date of injury of 06/16/1998. The diagnoses include left knee pain, severe left knee degenerative joint disease, and left knee osteoarthritis. Treatments to date have included x-rays of the left knee on 02/04/2014, electrodiagnostic studies, three left knee surgeries, cortisone injection, and oral medication. The medical report dated 08/05/2014 indicates that the injured worker had severe arthritis and pain, and wanted to proceed with a knee replacement. She was unable to tolerate stairs and was in a great deal of pain. The injured worker's knee continued to buckle. The physical examination showed a mildly antalgic gait, limited range of motion of the knee due to pain, mild effusion, tenderness to palpation of the medial and lateral joint line, crepitus with range of motion, a negative Lachman examination, and no varus or valgus instability. The treating physician requested home health three times a week for two months for the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health services for the knee, three times a week for two months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home service Page(s): 51.

Decision rationale: The 60 year old patient complains of pain in the left knee, as per progress report dated 08/05/14. The request is for HOME HEALTH 3 X WKS X 2 MONTHS KNEE. No RFA could be found for this request, and the patient's date of injury is 06/16/98. Diagnoses, as per report dated 08/05/14, included left knee pain and severe left knee degenerative disc disease. The patient is status post multiple knee arthroscopies, as per progress report dated 03/18/14. The progress reports do not document the patient's work status. MTUS Guidelines page 51 has the following regarding home service, "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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." In this case, the UR denial date is 04/22/15 but the most recent progress report available for review is dated 08/05/14. In the report, the treater states that the patient suffers from severe knee pain and wishes to proceed with total knee replacement. However, there is no indication that this procedure has been approved. None of the reports discuss the need for a home health aide. It is not clear if the patient is home bound or requires specialized medical treatment. The purpose of the request is not known. Hence, it IS NOT medically necessary.