

<b>Case Number:</b>	CM14-0106745		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/30/1999
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 53 year old female whose date of injury is 07/30/1999. The mechanism of injury is described as a trip and fall. Treatment to date includes left shoulder repair in 2013, left knee arthroscopy date unknown, Synvisc injections and medication management. Office visit note dated 06/12/14 indicates that the injured worker complains of left knee pain rated as 8-9/10. Assessment is left knee degenerative joint disease. She was recommended to undergo left total knee arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Home Nursing Visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Home Health Services Page(s): 50.

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

**Decision rationale:** CA MTUS guidelines support home health services for injured workers who are homebound on a part time or intermittent basis for otherwise recommended medical treatment. The submitted records fail to establish that the injured worker is homebound on a part time or intermittent basis. Additionally, the specific medical treatment to be provided is not

documented. Therefore, medical necessity is not established in accordance with CA MTUS guidelines.