MAXIMUS Federal Services

Case Number:	CM14-0136427		
Date Assigned:	09/03/2014	Date of Injury:	03/10/2014
Decision Date:	09/30/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/22/2014

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 Internal 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 60 year old male who suffered an industrial injury on 3/10/2014. His injury occurred when getting off a construction truck and caused severe pain in the knees. He has been seen by the primary treating physician multiple times after the injury, in April 2014, May 2014 and Jun 2014. On subjective evaluation, patient reported pain and stiffness in the knee with worsening related to movements and activity. On examination, he has crepitus on knee examination and tenderness along the joint line medially. X ray examinations of the knees are consistent with bilateral medial compartment more than lateral compartment osteoarthritis with osteophytes, joint space narrowing, and down sloping of the tibial plateau medially. This is particularly true on the left, where symptoms are most severe. The formal diagnosis rendered includes medial patello-femoral osteoarthritis that is end stage and a lax medial collateral ligament. The plan of treatment includes performance of a total knee arthroplasty. The request is for home health care, one visit a week for three weeks in anticipation of surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health nursing 1x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

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

Decision rationale: Home health care nursing is rendered when patients are not only homebound and unable to receive services in an ambulatory setting, but also when there are skilled nursing needs. Typical skilled nursing needs include active wound care management, such as dressings, PICC line or other central line care, and need for clinical monitoring of vital signs, examination and general status in a patient who is physiologically compromised. The presented clinical notes indicate that the injured is going to undergo a total knee arthroplasty on the left. However, this does not necessitate skilled nursing care in and of itself. No other skilled nursing needs are indicated, therefore, the request is not medically necessary.