

Case Number:	CM14-0150070		
Date Assigned:	09/18/2014	Date of Injury:	03/20/2008
Decision Date:	10/17/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/15/2014

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 Orthopedic Surgery 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 65-year-old individual with reported industrial injury of August 20, 1988. Right aggressive left knee disclose advanced osseous redness medial compartment from 7/24/2014. Initial orthopedic evaluation on 7/24/2014 demonstrates the patient complains of markedly left knee pain and grinding. Physical exam demonstrates the patient walks with a left antalgic gait. Examination of the left knee revealed a well-healed arthroscopic portal incision. There was marked at swelling about the knee in a genuine varum alignment of the knee with mild lateral thrust on ambulation. Range of motion of the knee was from 0-130 and 120 to -5 left. Treatment plan included medial compartment arthroplasty versus left total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative home health evaluation by RN for post-operative care: 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), Knee and Leg (updated 06/05/14), Home Health Services

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

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, home health services are recommended only for medical treatment in patients who are home-bound on a part-time or intermittent basis. 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. Home health skilled nursing is recommended for wound care or IV antibiotic administration." There is no evidence in the records from 7/24/14 that the patient is home bound or will be if a knee arthroplasty is authorized. There is no medical necessity for this request if the surgery does not occur. Therefore, the request is not medically necessary.