

Case Number:	CM14-0213147		
Date Assigned:	12/30/2014	Date of Injury:	09/26/2008
Decision Date:	03/10/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Orthopedic Surgery, Sports Medicine

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 75-year-old female with a reported date of injury of 09/26/2008. The mechanism of injury was a fall. Her diagnoses: status post right knee replacement, localized osteoarthritis of the lower leg, and pain in the joint of the lower leg. Her past treatments include physical therapy, home exercise programs, and medication. Surgical history includes right total knee replacement on 11/15/2014. On 12/22/2014, the injured worker presented for a followup visit with complaints of pain in her knee and her lower back. Physical examination of the right knee showed a well healed incision; range of motion was to 115 degrees; full extension and flexion to 30 degrees. The injured worker uses a cane to ambulate and can walk heel to toe with prompting. Sensation to light touch distally in the sural, saphenous, superficial, peroneal, and deep peroneal and tibial distributions; 5/5 strength. Her current medications include Dilaudid, pantoprazole sodium, MSN, lantanoprost, Celebrex. The treatment plan was to continue to actively engage in physical therapy and do normal home exercises. The request is for (1) Associated surgical service: Home health RN evaluation for wound care; (2) Associated surgical service: Home health physical therapy 3 x 1; (3) Associated surgical service: Home health OT safety evaluation. No rationale was given. According to the documentation that was provided, the patient was to do physical therapy at [REDACTED]. It was also documented that the patient refused physical therapy when she was postoperative at [REDACTED]. There was no Request for Authorization included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Home health RN evaluation for wound care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

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

Decision rationale: The request for associated surgical service: Home health RN evaluation for wound care is not medically necessary. The injured worker is status post total knee repair on 07/17/2014. The injured worker spent 6 and a half weeks in rehabilitation at a skilled nursing facility postoperatively. The California MTUS Guidelines for home health services are recommended for medical treatment for patients who are homebound on a part-time or intermittent basis, generally up to no more than 35 hours per week. There was no documentation as to why the services of an RN would be warranted. There was no indication of wound in the documentation. There was lack of documentation as to the injured worker's skilled care needs therefore the request for Associated surgical service: Home health RN evaluation for wound care is not medically necessary.

Associated surgical service: Home health physical therapy 3 x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

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

Decision rationale: The request for Associated surgical service: Home health physical therapy 3 x 1 is not medically necessary. The injured worker is status post total knee replacement. The injured worker spent 6 and a half weeks in skilled nursing rehabilitation. The documentation indicated she was going to attend another physical therapy facility. There is no documentation as to why the injured worker could not leave her home or need to have physical therapy in her home. Therefore, the request for associated surgical service: Home health physical therapy 3 x 1 is not medically necessary.

Associated surgical service: Home health OT safety evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

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

Decision rationale: The request for associated surgical service: Home health OT safety evaluation is not medically necessary. The injured worker is status post total knee replacement in 07/2014. The injured worker spent over 6 and a half weeks in skilled nursing care and was discharged home in 12/2014. A home safety evaluation should have been performed at the nursing home prior to discharge. The home health occupational therapy evaluation is not necessary, therefore the request for associated surgical service: Home health OT safety evaluation is not medically necessary and there was no indication of why the patient could not have attended outpatient occupational therapy.