

Case Number:	CM14-0216680		
Date Assigned:	01/06/2015	Date of Injury:	04/11/2013
Decision Date:	03/06/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/26/2014

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 45-year-old male who reported an injury on 04/11/2013. The mechanism of injury reportedly occurred when the injured worker was stepping off his truck and fell. His diagnoses included right knee chronic posterior cruciate ligament rupture, anterior cruciate ligament disruption and posterolateral corner insufficiency. His past treatments included surgery. His surgical history was noted to include a hernia operation 10 years ago, left knee surgery in 2002, and right knee surgery on 08/14/2013. There were no subjective complaints documented during this visit. Physical examination revealed slight varus stress of his right knee, with 5 degrees of hyperextension, 140 degrees of flexion, greater than 2+ to 3+ posterior drawer test and positive posterior sag test and quadriceps active test. Current medications were not included. The treatment plan included surgery. A request was received for Post operative 6 weeks of home health care (24 hours/day, 7 days/week). The rationale for the request was not provided. The Request for Authorization Form was dated 12/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative 6 weeks of home health care (24 hours/day, 7 days/week): 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 Post operative 6 weeks of home health care (24 hours/day, 7 days/week) is not medically necessary. The California MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. The clinical notes indicate that the patient underwent right knee surgery on 08/14/2013. However, there was no documentation with evidence of a more recent surgery. There also was no documentation with evidence that the injured worker was required to be homebound on a part-time or intermittent basis. In addition, the request as submitted exceeds the maximum amount of 35 hours per week recommended by the guidelines. Therefore, the request for Post-operative 6 weeks of home health care (24 hours/day, 7 days/week) is not medically necessary.