

<b>Case Number:</b>	CM14-0216962		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	08/30/2006
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: Physical Medicine & Rehabilitation

### 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 patient is a 61-year-old female with an injury date of 03/30/06. Based on the 10/27/14 operative report provided by treating physician, the patient complains of right knee pain that is aggravated by walking, kneeling and squatting. Per progress report dated 08/14/14, patient's pain level was rated 6/10, and she entered "the office with the assistance of a cane. Physical examination to the right knee on 10/27/14 revealed well healed surgical scar without signs of infection. Range of motion was 10-85 degrees. Patient reports stiffness but the knee "does not give way. Patient's knee limits her ability to carry out activities of daily living. Patient is status post right total knee replacement revision 10/27/14 due to "mechanical loosening and negative for infections." Patient takes Hydrocodone to help with pain, Lantus, Baby Aspirin, Fluoxetine HCl, Lisinopril, Ondansetron, and Humulin. Per prescription note dated 12/08/14 by orthopedic surgeon, treater requests post op Home Health Care ... Revision right total knee replacement on 12/08/14 2X week for 4 weeks. The patient is temporarily totally disabled. The report with the request is not provided. Operative Report, DOS 12/08/14 Diagnosis: failed right total knee replacement; Procedure: revision, right "hip" replacement. This is probably a typo, as the reports pertains to the right knee. Procedure Findings: "patient was found to have loosening of the femoral and the tibial component. The tibial component was looser than the femoral component. There was a large bone spur that was ingrown over the patellar component. There appeared to be meniscal remnants of both medial and lateral meniscus."The utilization review determination being challenged is dated 12/15/14. Treatment reports were provided from 06/04/14 - 12/08/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**8 home health care visits:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with right knee pain that is aggravated by walking, kneeling and squatting. The request is for 8 HOME HEALTH CARE VISITS. Patient is status post right total knee replacement revision 10/27/14 and 12/08/14, and has a diagnosis of failed right total knee replacement. Patient takes Hydrocodone to help with pain, Lantus, Baby Aspirin, Fluoxetine HCl, Lisinopril, Ondansetron, and Humulin. The patient is temporarily totally disabled. The report with the request is not provided. MTUS Guidelines, page 51, has the following regarding home service, "Recommended only for otherwise recommended medical treatments for patients who are home bound on a part-time or intermittent basis, generally up to no more than 35 hours per week. 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." Per prescription note dated 12/08/14 by orthopedic surgeon, treater requests "post op Home Health Care ... Revision right total knee replacement on 12/08/14 2X week for 4 weeks." In this case, the MTUS does support home services if medical care is needed for patients who are homebound. The request is for post-op care, home health following a knee replacement. The request IS medically necessary.