

<b>Case Number:</b>	CM15-0007044		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/05/1997
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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 injured worker is a 72 year old female, who sustained a work related injury on 9/5/97. The diagnoses have included osteoarthritis lower leg, knee pain and right knee infection. Treatments to date have included physical and occupational therapy, right total knee placement and revision, diagnostic imaging exams, oral pain medication, use of a straight leg brace, use of a walker and home health care. The injured worker complains of constant, sharp right knee pain. She rates the pain a 3/10. She states that pain has significantly decreased since before knee surgery. She was found to have tenderness of knee to palpation and decreased range of motion. On 12/26/14, Utilization Review non-certified a request for post-op home health nurse 2 x 4. The California MTUS, Chronic Pain Treatment Guidelines, ACOEM Guidelines and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Nurse:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient presents with pain and weakness in both of her knees. The patient is s/p right total knee arthroplasty revision on 12/25/14. The request is for HOME HEALTH NURSE. The MTUS Guidelines page 51 on home-health services recommend "this service 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, laundering, and personal care given by home-health aids like bathing, dressing, and using the bathroom when this is the only care needed." In this case, the patient has had a recent surgery and appears to be home bound for time being. The patient continues to need assistance with ambulation and self-care including dressing. It would seem that the patient is going to need some help until post-operative recovery. However, the treater does not explain what the home health nurse is to do for this patient. There is no specific discussion regarding a nursing need. There is no discussion regarding the patient's home situation, whether or not family help is present. Furthermore, the request is not time-limited and intervention is not defined. The request IS NOT medically necessary.