

Case Number:	CM15-0015400		
Date Assigned:	02/03/2015	Date of Injury:	01/24/2011
Decision Date:	03/24/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 male patient, who sustained an industrial injury on 01/24/2011. An operative note dated 12/19/2014 showed the patient undergoing left knee arthroscopy without issue. On 12/23/2014 documentation showed the patient going to the emergency department with complaint of increasing pain, swelling to the operative knee and chills. Of note, were outpatient labs and wound culture obtained the day prior, that were consistent with septic arthritis. The patient was inpatient admitted, placement of drainage tube and arthroscopic debridement performed. He remained hospitalized through 12/29/2014. A request was made for home health services for infusion therapy times 42 days treating the left knee. On 01/12/2015 Utilization Review non-certified the request, noting the CA MTUS Home Health Services was cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Infusion Therapy x 42 Left Knee/Leg: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Bone and Joint infections- Infectious Disease

Decision rationale: According to the guidelines, septic joints can have long-term sequela. Antibiotic are required and can require 6-12 weeks for a joint injections. In this case, the request for IV home infusion is appropriate and standard practice. It also avoids length hospitalization to manage antibiotics. The request above is medically necessary.