

Case Number:	CM15-0112454		
Date Assigned:	06/18/2015	Date of Injury:	12/20/2013
Decision Date:	07/17/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/10/2015

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: Preventive Medicine, Occupational 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:

This is a 54 year old male with a December 20, 2013 date of injury. The medical record indicates that the injured worker underwent resection and reconstruction of the left proximal tibia with a total knee arthroplasty on March 16, 2015 for a history of Charot joint. A progress note dated April 28, 2015 documents that the injured worker was doing well without complaints. Objective findings showed an incision site that was well healed, no evidence of infection, a remaining brace, a neurovascular exam that was unchanged, and foot drop that was improving. The current diagnosis was noted to be complex reconstruction of the tibia, and treatments to date have included postoperative physical therapy and home nursing care. Physical therapy notes on 4/16/15 documented independent transfers, good balance and an ability to independently walk with assistant device (AD) for 100ft. A discharge from home based PT was recommended. The treating physician documented a plan of care that included home care six hour each day, six days each week for a total of sixty days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care, 6 hours a day, 6 days a week, 60 days for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Home Health Services.

Decision rationale: MTUS Guidelines recommend Home Health Services when an individual is home bound and in need of professional level health services. These circumstances do not apply after the initial 30 days of home health care that has been provided. This individual had completed home physical therapy and was recommended to be discharged to outpatient therapy. The ability to independently transfer and ambulate is well documented in the physical therapists discharge note of 4/16/15. There was no documentation of a continued inability to leave the home. Under these circumstances, the request for ongoing Home care, 6 hours a day, 6 days a week, 60 days for left knee is not supported by Guidelines and is not medically necessary.