

Case Number:	CM15-0115220		
Date Assigned:	06/23/2015	Date of Injury:	01/11/2000
Decision Date:	07/22/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/15/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 48 year old male, who sustained an industrial injury on 1/11/00. He reported initial complaints of repetitive activities at work type injury of the right knee. The injured worker was diagnosed as having degenerative joint disease right knee; failed right knee arthroplasty; compensatory left knee pain; bilateral shoulder rotator tendinopathy. Treatment to date has included status post right knee arthroplasty; physical therapy; medications. Diagnostics included x-rays right knee (5/21/15). Currently, the PR-2 notes dated 5/21/15 indicated the injured worker complains his right knee has progressively worsened since last seen in this office 9/11/141. He continued to develop more and more of a varus deformity of this right knee with swelling, discomfort and occasional sharp pain making it difficult for ambulation. The injured worker feels something has changed in his knee and presents for a full evaluation. On physical examination the provider notes a well healed right knee incision (status post right knee failed arthroplasty). The injured worker has a markedly antalgic gait on the right side with varus deformity of approximately 10 degrees. He has moderate-sized effusion with full active extension, further flexion to 115 degrees. Neurovascularly, he is intact distally with mild to moderate effusion. The provider reviewed x-rays revealing complete collapse of the tibial component into the medial aspect of the tibia, and the tibial component is now grossly loose and has dropped into varus. The provider's diagnosis is documented as "Failed right total knee arthroplasty with probable aseptic loosening". He has recommended a revision of the right total knee arthroplasty due to the loosening and potential loss of bone. Along with that surgery and

post operative rehabilitation, he is requesting authorization for Home health aide 4-6 hours a day for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide 4-6 hours a day for 2 weeks: Upheld

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

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

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are home-bound on a part-time or intermittent basis. 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. Home health skilled nursing is recommended for wound care or IV antibiotic administration. There is no evidence in the records from 5/21/15 that the patient is home bound. There are no other substantiating reason why home health services are required. Therefore request is not in keeping with guidelines and is not medically necessary.