

Case Number:	CM15-0119580		
Date Assigned:	06/29/2015	Date of Injury:	03/04/2010
Decision Date:	07/29/2015	UR Denial Date:	06/13/2015
Priority:	Standard	Application Received:	06/19/2015

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: New Jersey, Alabama,

California

Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 57 year old male, who sustained an industrial injury on 3/04/2010. Diagnoses include osteoarthritis of both knees. Treatment to date has included medications including Tramadol and Vicodin. Per the Primary Treating Physician's Progress Report dated 5/14/2015, the injured worker reported that the replacement for the left knee has been authorized and will be scheduled. He requested refills of medications. Physical examination of both knees revealed diffuse tenderness and good stability. The plan of care included medications. A knee replacement has been authorized. Authorization was requested for 4 home nursing visits twice weekly for 2 weeks for the left knee and 6 home physical therapy visits 3 times weekly for 2 weeks for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) home nursing visits twice weekly for 2 weeks for left knee: Upheld

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

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

Decision rationale: According to MTUS guidelines, home care assistance is recommended only for otherwise recommended medical treatment for patients who are homebound, 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, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004) The patient does not fulfill the requirements mentioned above. There is no documentation that the patient recommended medical treatment requires home health aide. In addition, the patient is not home-bound. Therefore the request for 4 Home nursing visits twice weekly for 2 weeks for left knee is not medically necessary.