

Case Number:	CM15-0128565		
Date Assigned:	07/14/2015	Date of Injury:	03/11/1986
Decision Date:	08/10/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 77 year old male sustained an industrial injury to bilateral knees and forearms on 3/11/86. The injured worker underwent right total knee arthroplasty on 8/18/14. The injured worker developed acute postoperative sepsis. In October 2014, a gastrostomy tube was placed due to dysphagia and weight loss. In a progress noted dated 4/27/15, the injured worker reported that knee pain had been stable since surgery. The injured worker complained of significant left shoulder pain. The injured worker also reported having right ankle pain since September 2014. The injured worker stated that shoulder replacement had been discussed but he needed medical optimization first. Physical exam was remarkable for right knee incision/flap healed with central scalp with no surrounding erythema or drainage and slight increased warmth, decreased right knee range of motion and right foot drop. The physician stated that he would not recommend proceeding with shoulder surgery given continued recovery from knee infection. The treatment plan included continuing antibiotics per infectious disease and continuing use of orthotic boot for foot drop. On 5/29/15, request was submitted for a personal care attendant to assist with activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Personal care attendant to assist with activities of daily living: Upheld

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 Official Disability Guidelines (ODG) Pain (Chronic), Home health services.

Decision rationale: The claimant has a remote history of a work injury occurring in March 1986. He underwent a right total knee replacement in August 2014 complicated by sepsis. He had acute level rehabilitation from 02/11/15 through 02/23/15. At discharge he was at a modified independent level of function for activities of daily living other than for bathing and tub/shower transfers which were being performed with a standby assistance provided by his spouse. He was able to ambulate with use of a rolling walker and ankle foot orthosis independently. When seen, his right knee incision was healing. He had decreased range of motion and a right foot drop. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. In this case, the claimant had completed rehabilitation in February 2015 and at discharge did not require hands-on assistance with activities of daily living including ambulating and performing transfers a modified independent level of function. A personal care attendant is not medically necessary.