

Case Number:	CM15-0129591		
Date Assigned:	07/16/2015	Date of Injury:	05/14/2012
Decision Date:	08/11/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/06/2015

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: North Carolina

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 56 year old male patient who sustained an industrial injury on 05/14/2012. The accident was described as having had fallen from a building with resulting injury. A recent magnetic resonance imaging study done on 03/12/2015 revealed failed knee replacement; status post removal, that showed the proximal fibula with normal morphology and signal intensity. There is thickening and signal alteration of the medial collateral ligament, consistent with a partial tear. The lateral supporting structures are poorly visualized and may be torn. The quadriceps insertion is intact. There is thickening of the patellar tendon, consistent with tendinopathy. A pre-surgical work up visit dated 03/18/2015 reported subjective complaint of left knee pain. The treating diagnoses were: pre-op examination unspecified; fall from building, osteoarthritis of left knee, diabetes, and hypertension. The patient noted being medically cleared

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health services 8 hours per week: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

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

Decision rationale: The California chronic pain medical treatment guideline on home health services states: Home health services. Recommended only for otherwise recommended medical treatment for patients who are Home bound, 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) Home health services are recommended for patients who are home bound. The provided documentation for review meets criteria and the request is medically necessary.