MAXIMUS Federal Services

Case Number:	CM15-0129953		
Date Assigned:	07/21/2015	Date of Injury:	09/21/2011
Decision Date:	09/04/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/07/2015

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: Texas, Florida, 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:

The injured worker is a 49 year old female, who sustained an industrial injury on 9-21-2011. Diagnoses include left hip degenerative joint disease with labral tear and right knee medial meniscus tear with chondromalacia femoral trochlea and medial femoral condyle. Treatment to date has included surgical intervention (right knee arthroscopy with partial meniscectomy) as well as conservative treatment including physical therapy, injections and medications. Per the Primary Treating Physician's Progress Report dated 3-03-2015, the injured worker reported right knee and left hip pain. Pain is rated as 3 out of 10. There has been no improvement. Physical examination revealed positive medial and joint line tenderness of the right knee with 0-125 degrees of range of motion. Left hip range of motion included flexion 90 degrees, external rotation 30 degrees and internal rotation 0 degrees. The plan of care included surgical intervention. On 4-15-2015 left hip replacement, assistant surgeon and inpatient stay was approved. Authorization was requested for home health evaluation and treatment for home physical therapy and post-op physical therapy evaluation and treatment (2x6).

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health evaluation and treatment for home physical therapy (PT): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Therapy, post Arthroplasty.

Decision rationale: This claimant was injured about 4 years ago with left hip degenerative joint disease with labral tear, and right knee medial meniscus tear with chondromalacia femoral trochlea and medial femoral condyle. There was a right knee arthroscopy with partial meniscectomy as well as conservative treatment including physical therapy, injections and medications. As of March, there was still right knee and left hip pain. On 4-15-2015, a left hip replacement, assistant surgeon and inpatient stay was approved. Authorization was requested for home health evaluation and treatment for home physical therapy and post-op physical therapy evaluation and treatment (2x6). Regarding home health care services, the evidence-based guides note that 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. This claimant appears to need it for non-medical services and activities of daily living. However, the guide specifically notes that 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). Also, the request is not clear--there may be a role for example for home PT following knee arthroplasty, but no specifics are noted. The ODG would support about 24 sessions post arthroplasty, but there is no specification that they need to be done at home. As presented in the records, the evidence-based MTUS criteria for home health services evaluation and the home therapy for 2 x 6 would not be supported and was appropriately non-certified.