

Case Number:	CM15-0067610		
Date Assigned:	04/15/2015	Date of Injury:	07/21/2007
Decision Date:	06/12/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/09/2015

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

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:

The injured worker (IW) is a 57-year-old female who sustained an industrial injury on 07/21/2007. Diagnoses include right knee instability, status post right partial knee replacement. Treatments to date include medications, cane, pool therapy (PT) and home exercise. X-ray of the right knee dated 10/31/14 showed the medial component misaligned with the tibial component; the femoral component was more medial when compared to the tibial implant. According to the progress notes dated 1/22/15, the IW reported continued pain, weakness, instability and buckling of the right knee with difficulty standing and walking. Pain was rated 6-7/10 and aggravated by kneeling and weight bearing. Pain was improved by rest, home exercise and medications. Minimal swelling was noted to the right knee, with tenderness to palpation of the medial and lateral joint lines and patellofemoral area. Crepitus was also present. Right total knee replacement was anticipated. A request was made for post-operative home care. A progress report dated December 1, 2014 states the postoperative home care is required to "assist patient with ADLs."

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative home care: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 51 of 127, Home health services.

Decision rationale: Regarding the request for home health care, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. Additionally, the current request does not include hours per day, days per week, or duration of use. Guidelines do not support the open-ended application of home healthcare services, and there is no provision to modify the current request. As such, the currently requested home health care is not medically necessary.