

Case Number:	CM15-0069215		
Date Assigned:	04/16/2015	Date of Injury:	09/26/2010
Decision Date:	05/15/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/13/2015

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 is a 61-year-old female, who sustained an industrial/work injury on 9/26/10. She reported initial complaints of pain to knees and hands. The injured worker was diagnosed as having valgus instability of left knee and osteoarthritis. Treatment to date has included medication, surgery (left knee revision of total knee arthroplasty tibial compartment on 5/13/13 and right total knee arthroplasty on 4/2014), knee immobilizer, front wheeled walker and lower extremity orthosis, physical therapy, and patient controlled analgesia (PCA) pump. X-Rays results were reported on 12/18/14. Currently, the injured worker complains of post-surgical pain to the left knee, rated 8/10. Per the primary physician's progress report (PR-2) on 3/23/15, there was significant pain with limited range of motion with recent x-rays demonstrating increase of osteoarthritis. Current plan of care included medication and ice packs. The requested treatments include Home Health Service, Post-operative care RN daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Service, Post-operative care RN daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, 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.

Decision rationale: Regarding the request for Home Health Service, Post-operative care RN daily, 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 a duration of use. Guidelines do not support the open-ended application of any treatment. As such, the currently requested home health care is not medically necessary.