

<b>Case Number:</b>	CM15-0070935		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	06/16/1998
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 59-year-old female, who sustained an industrial injury on 06/16/1998. On provider visit dated 08/05/2014 the injured worker has reported left knee pain. On examination, she was noted to have a mildly antalgic gait, limited range of motion due to pain, mild effusion and tenderness to palpation. Crepitus was noted with range of motion. The diagnoses have included left knee pain and left knee severe degenerative joint disease. Treatment to date has included injections and medication. Per documentation, the injured worker was preparing for a left total knee arthroplasty. The provider requested home health 3x wk. x2 months knee QTY 24.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH 3XWKS X 2 MONTHS KNEE QTY 24:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

**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:** This claimant was injured 17 years ago. There is knee pain from severe knee degenerative joint disease. The claimant is reportedly preparing for a left total knee arthroplasty, but the date and certification status is not known. The February note captures she had several steroid injection. The initial review notes the surgery was non-certified. Regarding home health care services, the evidence-based guides note that this 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. It is not clear why this patient needs such services, especially since it does not appear the surgery was certified. As presented in the records, the evidence-based MTUS criteria for home health services evaluation would not be supported and was appropriately non-certified. Therefore, the request is not medically necessary.