MAXIMUS Federal Services

Case Number:	CM15-0094195		
Date Assigned:	05/20/2015	Date of Injury:	08/10/2014
Decision Date:	06/22/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/15/2015

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: Massachusetts
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:

This 45 year old woman sustained an industrial injury on 8/10/2014. The mechanism of injury is not detailed. Diagnoses include right knee medical meniscal tear and chondral lesion of the medical compartment. Treatment has included oral medications. Physician notes dated 4/14/2015 show minimal worker assessment or information with the exception that the worker is scheduled for right knee surgery to be performed on 4/15/2015, she has no support post-operatively, and a request is made for post-operative home care and a shower chair. Physician notes on a PR-2 dated 4/15/2015 show complaints of right knee pain with surgical intervention scheduled for the same day. Recommendations include right lower extremity weight bearing as tolerated, follow up with the physician Friday, and post-operative medications including an NSAID, injectable DVT prophylaxis, narcotic analgesia, and antibiotic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op home care 4 hours per day x 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Care Page(s): 51.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Home health services.

Decision rationale: The claimant sustained a work-related injury in August 2008 and continues to be treated for right knee pain. When seen, arthroscopic surgery for a meniscal tear was being planned. Prior treatments included medications, physical therapy, acupuncture, and injections. Full weight bearing was anticipated after surgery. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. In this case, the claimant has a unilateral lower extremity impairment without significant upper extremity impairing condition and would not be expected to require home based services after the surgery being planned. Therefore, this home service request is not medically necessary.