

Case Number:	CM14-0141412		
Date Assigned:	09/10/2014	Date of Injury:	01/13/2014
Decision Date:	10/15/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old male who reported an injury on 01/13/2014. The mechanism of injury was twisting of the knee while doing a pivot turn. Diagnoses included severe tricompartmental osteoarthritis of the right knee. Past treatments included medications. Diagnostic testing included an MRI of the right knee on 04/10/2014. Pertinent surgical history was not provided. The clinical note dated 08/18/2014 indicated the injured worker complained of right knee pain rated 7/10. The physical exam of the right knee revealed medial joint line tenderness, and range of motion 0 degrees to 120 degrees. Current medications included Aleve. The treatment plan included home health occupational therapy, 2 to 3 visits postoperatively. The rationale for the request was not provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health OT two to three visits postoperatively: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and leg

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51., Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The request for Home Health OT two to three visits postoperatively is not medically necessary. The California MTUS Guidelines indicate that for arthroplasty of the knee, postsurgical treatment includes 24 visits of physical medicine, with an initial course of therapy of 12 visits. The guidelines also state that home health services are recommended only for otherwise recommended medical treatment for patients who are home bound, on a part time or intermittent basis, and generally up to no more than 35 hours per week. Medical treatment does not include home maker 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. The clinical documentation indicates that the injured worker was interested in right knee replacement surgery because of the severity of symptoms. However, there is a lack of documentation to indicate that the injured worker had been approved or scheduled for right knee surgery. Therefore, the request for Home Health OT two to three visits postoperatively is not medically necessary.