

Case Number:	CM14-0144162		
Date Assigned:	09/12/2014	Date of Injury:	08/09/2009
Decision Date:	10/20/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/05/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 68 year old male whose date of injury is 08/09/2009. The injured worker was catching a woman falling off a set while working and injured the right knee. The injured worker has been authorized for right total knee arthroplasty. The injured worker has a history of right knee arthroscopy in March 2010, Kenalog injection in September 2011, right total knee arthroplasty on 03/04/13 and arthroplasty revision on 08/05/14. The injured worker was scheduled for discharge on 08/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skilled nursing services/home health care (unspecified frequency and duration): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 11th edition, Knee Chapter

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

Decision rationale: Based on the clinical information provided, the request for skilled nursing services/home health care (unspecified frequency and duration) is not recommended as medically necessary. The request is nonspecific and does not indicate the frequency and duration

of requested services. The submitted records fail to establish that the injured worker is homebound on a part time or intermittent basis as required by CA MTUS guidelines. The specific medical treatment to be provided is not documented.