

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/17/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/17/2013
Date of Injury: 3/9/2010
IMR Application Received: 8/8/2013
MAXIMUS Case Number: CM13-0008492

- 1) MAXIMUS Federal Services, Inc. has determined the request for **CPM rental for 3 weeks is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **home health nurse 3 hours a day for 7 days/weeks then 3 hours a day for 4 weeks is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/10/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **CPM rental for 3 weeks is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **home health nurse 3 hours a day for 7days/weeks then 3 hours a day for 4 weeks is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

This is a 61-year-old female injured on 3/9/10 sustaining injury to the left knee. The clinical records for review indicate recent progress report dated 8/13/13 stating continued complaints of pain about the left knee and that she is scheduled to undergo total knee replacement procedure on 8/23/13 and at present has a "flare up" of a previous infected tooth. The treating physician canceled her surgery at that time stating that she must take care of her tooth problem prior to proceeding with joint replacement procedure. Due to the severity of her bilateral knee degenerative changes, corticosteroid injections were given under sterile condition. Previous records supporting the left knee showed radiographs of the left knee showing significant degenerative changes to the medial joint line and patellofemoral joint from 4/2/12. The claimant is documented to have failed a significant course of prior conservative care. Left knee joint replacement procedure was recommended. Prior utilization review dated 7/17/13 indicated approval of need for operative intervention as well as need of an assistant surgeon, bedside commode, modified CPM usage, Fragmin, post-operative medical clearance, and 24 sessions of post-operative therapy. Non-approval recommendations were given to home health nursing as there was no explanation for the need or length of home health nursing requested. CPM usage was modified to seventeen days as opposed to three weeks as requested.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:



1) Regarding the request for CPM rental for 3 weeks:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, (ODG), Chapter on Knee, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG) 18th Edition, 2013 Updates: Knee Procedure, Section on Continuous Passive Motion (CPM), which is not part of the MTUS.

Rationale for the Decision:

Based on Official Disability Guidelines (ODG) criteria, as California ACOEM Guidelines and California MTUS Chronic Pain Guidelines are silent, a three week rental of a CPM device would appear warranted. CPM devices can be utilized for a three week period of time given an inpatient stay that would be necessitated by the surgical process in question. In this case, a 21 day rental of the device would appear to be medically necessary. **The request for CPM rental for 3 weeks is medically necessary and appropriate.**

2) Regarding the request for home health nurse 3 hours a day for 7days/weeks then 3 hours a day for 4 weeks:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, (ODG), Chapter on Knee, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section on Home Health Services, which is part of the MTUS.

Rationale for the Decision:

California MTUS Chronic Pain Guidelines recommend home health services such as medical treatment for patients who are homebound, on a part-time or "intermittent" basis, for generally up to no more than 35 hours per week. 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 (CMS, 2004).

Based on the guidelines, home health referral for three hours per day/seven days per week times two weeks and then three hours per day for four weeks would not be supported. While home health nursing may be indicated following joint replacement procedure, the six weeks as requested for the frequency and duration would exceed guidelines given the procedure in question. In this case, there is no current understanding why six weeks of home health nursing following joint replacement procedure is necessary. **The request for home health nurse 3 hours a day for 7days/weeks then 3 hours a day for 4 weeks is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.