

<b>Case Number:</b>	CM13-0003480		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	08/04/2011
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/26/2013

### 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 Orthopaedic 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 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:

This 56-year-old male food service utility driver sustained an industrial injury on 8/4/11, relative to a trip and fall. He underwent right knee arthroscopic surgery on 10/4/11. The 5/2/13 treating physician report cited right knee pain with swelling and grinding. Physical exam documented right knee effusion, range of motion 0-130 degrees, pain and crepitus throughout the arc of motion, and medial and lateral joint line tenderness. Right knee x-rays reportedly demonstrated joint space narrowing, subchondral sclerosis, and osteophyte formation. The diagnosis was end-stage right knee osteoarthritis. The patient had failed physical therapy, injections, bracing and medications. The treatment plan recommended right knee arthroplasty with computer navigation and associated surgical services and durable medical equipment. The 7/8/13 utilization review denied the request for right knee arthroplasty and associated services/durable medical equipment based on no documentation of body mass index or number of knee compartments involved. Records indicate that the knee arthroplasty was subsequently authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IN HOME PHYSICAL THERAPY, 2X2 (POST-OPERATIVE: RIGHT KNEE ARTHROPLASTY HAS BEEN AUTHORIZED):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**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 California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis, generally no more than 35 hours per week. The California MTUS Post-Surgical Treatment Guidelines for knee arthroplasty suggest a general course of 24 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have been met. It is reasonable that following discharge from acute care, the patient will be homebound on a part time basis for the first 2 weeks. Physical therapy would be supported up to an initial 12 visits. Therefore, the request for in-home physical therapy, 2 times per week for 2 weeks, is medically necessary.

**IN HOME RN FOR WOUND CHECK & DRY DRESSING CHANGES (POST-OPERATIVE: RIGHT KNEE ARTHROPLASTY HAS BEEN AUTHORIZED):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis, generally no more than 35 hours per week. Guideline criteria have not been met. There is no specific frequency/duration associated with this request, which is required to determine medically necessary. Therefore, the request for in-home RN for wound check and dry dressing changes is not medically necessary.

**21-DAY RENTAL OF A CONTINUOUS PASSIVE MOTION (CPM) MACHINE (POST-OPERATIVE: RIGHT KNEE ARTHROPLASTY HAS BEEN AUTHORIZED):**

Overtured

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Continuous Passive Motion (CPM).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Continuous passive motion (CPM).

**Decision rationale:** The California MTUS does not provide recommendations for this device in following arthroplasty. The Official Disability Guidelines recommended the use of continuous

passive motion devices in the acute hospital setting for no more than 21 days following total knee arthroplasty (revision and primary). Guidelines support home use up to 17 days while patients at risk of a stiff knee are immobile or unable to bear weight following a primary or revision total knee arthroplasty. Guideline criteria have been met. The request for 21-day rental is generally consistent with guideline recommendations for post-surgical treatment. Therefore, the request for 21-day rental of a continuous passive motion (CPM) machine is medically necessary.

**21-DAY RENTAL OF A COLD THERAPY UNIT (CTU) (POST-OPERATIVE: RIGHT KNEE ARTHROPLASTY HAS BEEN AUTHORIZED): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Continuous-flow Cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Continuous-flow Cryotherapy.

**Decision rationale:** The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee surgery. Under consideration is a request for 21-day rental of a cold therapy unit. Although the use of cold therapy during the post-operative period would be appropriate for this patient, there is no compelling reason to support the medical necessity of this request beyond the 7-day guideline recommendation. Therefore, this request for 21-day rental of a cold therapy unit (CTU) is not medically necessary.