

Case Number:	CM13-0005672		
Date Assigned:	08/19/2013	Date of Injury:	10/30/1997
Decision Date:	01/17/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is a 71 year old female who reported an injury to her left knee on 09/11/1994 and 10/30/1997. The mechanism of injury was not provided. She subsequently received two unsuccessful meniscal surgeries, and one total knee arthroplasty done on 06/24/2013. The injuries to her knee resulted in an abnormal gait which led to problems with her hips and back. She more recently was diagnosed with a left calf superficial vein thrombosis post-operatively in July of 2013, and was treated appropriately. Her current diagnoses include left hip degenerative joint disease with varus alignment and status post left total knee arthroplasty, right hip degenerative joint disease, and primary pulmonary hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide 5 hours/day times 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS Guidelines state that home health is recommended for homebound patients and only on a part time basis of no more than 35 hours weekly. The most

recent clinical note dated 08/14/2013 states that the patient is back home doing well and not using any assistive devices. She is reported to have full range of motion in the post-operative knee. There is no indication that she is homebound, as the note also discussed the patient's feelings about driving while utilizing her prescribed pain medication. The note does not provide any other information as it relates to the need for a home health aide 5 hours a day x 30 days. Therefore, the request is non-certified.

Coumadin 1.5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: California MTUS and ACOEM guidelines did not address anticoagulation, therefore, the Official Disability Guidelines were supplemented. ODG recommends anticoagulation therapy for patients undergoing knee surgery for at least 7-10 days post-operatively, with the option of increasing treatment to 28 days. The latest clinical note dated 08/14/2013 reported that the patient was 7 weeks post-surgery and had completed 6 weeks of Coumadin therapy. It was also noted that the patient is currently using aspirin, dose not specified, for anticoagulation therapy. As such, the request for Coumadin 1.5mg is non-certified.

Coumadin clinic: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California MTUS and ACOEM guidelines did not address use of Coumadin, therefore, the Official Disability Guidelines were supplemented. ODG recommends anticoagulation therapy up to 28 days post-operatively. The most recent clinical note dated 08/14/2013 reported the patient was 7 weeks past surgery and no longer on Coumadin therapy. As such, the need for a Coumadin clinic visit is not indicated and the request for Coumadin clinic is non-certified.