MAXIMUS Federal Services

Case Number:	CM13-0006706		
Date Assigned:	09/03/2013	Date of Injury:	06/09/2007
Decision Date:	01/27/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	08/05/2013

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 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 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.

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 claimant is a 55 year old female injured in a work related accident on June 9, 2007 who sustained multiple injuries secondary to a fall. The records indicated the claimant was status post L3 through L5 lumbar fusion procedure as well as a knee arthroscopy that demonstrated significant chondral change. It indicated that the claimant continued to be symptomatic despite injection therapy and conservative measures. Surgical arthroplasty was recommended to the right knee on September 12, 2013 despite conservative care measures. The assessment was supported per utilization review July 3, 2013 documenting that the need for total joint arthroplasty was recommended on the date in question, but it denied the need for a CPM device in the post operative setting for twenty one day rental, modifying it to a seventeen day post operative rental per the Official Disability Guidelines and also denied a 150 tablets of Norco in the post operative setting citing the claimant continued to utilize Vicodin as well from a narcotic point of view and that the medications were the same citing the need for both medications was not indicated. In addition it modified the need for post operative physical therapy to twelve initial sessions and certified the need for post operative use of Celebrex, aspirin, and pre-operative cardiac clearance. There is an appeal for the three week use of a CPM machine as medically necessary as well as the need for Norco and post operative physical therapy for the knee for eighteen sessions. The last assessment from the treating physician was August 7, 2013 but it only evaluated the claimant's unrelated left ankle complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM unit for 3 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 17th edition, 2012 Updates: knee procedure - 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

Decision rationale: The Physician Reviewer's decision rationale: Based on the Official Disability Guidelines criteria as the CA ACOEM MTUS Guidelines are silent, a three week or twenty one day rental of a CPM device would appear necessary. While seventeen days had been approved, the criteria for use of a CPM following total joint arthroplasty would assume inpatient hospital stay for which a twenty one day rental would be necessary. Home based use of a CPM machine would necessitate seventeen days of use. Given the claimant's inpatient hospital stay to be included, the rental of the CPM would be supported from the surgery in question.

Norco 10/325mg #150:

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: Based on the CA MTUS Post Surgical Rehabilitative Guidelines initial post operative therapy of eighteen sessions would not be supported. The guidelines would indicate the role of up to twelve initial sessions of therapy given the one half rule in the post operative setting. The eighteen sessions requested would not be supported. The prior Utilization Review did modify this request to twelve days.