

Case Number:	CM13-0035452		
Date Assigned:	01/10/2014	Date of Injury:	08/24/2009
Decision Date:	04/29/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/17/2013

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 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 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 64 year old female who was injured on 08/24/2009. She sustained injuries to the right wrist, right knee and lumbar spine. It was noted that the patient does have diabetes and hypertension. Prior treatment history has included corticosteroid injection. Diagnostic studies reviewed include x-rays and MRI of the knee showed severe osteoarthritis especially on the medial side. The UR dated 10/08/2013 certified a right TKA. The re-evaluation dated 09/12/2013 indicated the patient continues to have pain in the right knee. She has locking, catching, and giving way symptoms. Physical exam revealed exquisite tenderness to palpation at the medial joint line. She has patellofemoral crepitus with range motion and mild varus deformity of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OPERATIVE MEDICAL CLEARANCE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative Testing, General.

Decision rationale: The guidelines state preoperative testing is often performed before surgical procedures. According to the medical records, the patient is a 64 year old female whose medical history is significant for hypertension and diabetes. She is a candidate for right TKA. It is appropriate and medically necessary that the patient undergo preoperative clearance, prior to the elective knee replacement surgery. The medical necessity of routine preoperative testing to include ECG and lab work, has been established, and is recommended as certified.

TRANSPORTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services-California.

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, Transportation (to & from appointments).

Decision rationale: According to the Official Disability Guidelines, transportation to and from appointments is recommended for individuals with disabilities preventing them from self-transport. Given that the patient is planning to undergo right knee replacement, it would be medically appropriate that the patient be provided transportation to and from the hospital setting, if she is unable to transfer herself or obtain transportation assistance from family members or friends. The medical necessity of this request has been established.

HOME HEALTH CARE FOR TWO WEEKS FOLLOWING PROCEDURE FOR NURSING CARE AND PHYSICAL THERAPY THREE TIMES A WEEK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

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

Decision rationale: The patient is a candidate for right total knee replacement. Home health services may be recommended for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. There is no indication that the patient would require medical treatment or care in the home. It is not established that the patient is not be able to manage medications, or tend to any other personal requirements following surgery, or enlist assistance from family and friends. However, following knee replacement, it is reasonable that the patient would benefit from in-home physical therapy sessions in the initial post-operative setting. Up to 6 visits for in-home PT would be reasonable. However, the medical necessity for 2 weeks of home healthcare has not been established, recommendation is to non-certify this request.

COLD UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, Continuous Flow Cryotherapy Section.

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 patient is a candidate for right total knee replacement. According to the Official Disability Guidelines, continuous-flow cryotherapy is recommended after knee surgery. Postoperative use is recommended for up to seven days, including home use. Beyond the initial seven days, standard ice packs can be utilized if desired, and would provide equal be equally efficacious. Consequently, recommendation would be for 7 day rental of a cold therapy unit only, therefore, the request for the unit without duration is not medically necessary.

CPM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg 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, CPM.

Decision rationale: The medical records demonstrate the patient had been authorized to undergo right knee TKA. According to the Official Disability Guidelines, a CPM device is considered medically necessary for 4-10 consecutive days in the postoperative acute hospital setting. For home use, the device is recommended for up to 17 days after surgery, under certain conditions, such as patients with CPRS, extensive arthrofibrosis, or inability to participate in active physical therapy. In accordance with the guidelines, it would be appropriate that the patient be allowed a CPM used for up to 10 days in the acute hospital setting. As the medical records do not establish this patient has risk factors of developing a stiff knee due to immobility or inability to bear weight, CPM home rental is not indicated.