

Case Number:	CM13-0037976		
Date Assigned:	12/18/2013	Date of Injury:	03/27/2001
Decision Date:	02/14/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/24/2013

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 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 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 employee is a 67-year-old female who was injured in a work-related accident on 3/27/01. The submitted clinical records documented left knee pain and failed conservative care. A total joint arthroplasty was recommended, which occurred on 9/19/13. In the postoperative setting, the employee experienced a fall in the bathroom and sustained a displaced comminuted fracture of the left ankle that required open reduction internal fixation to the same left lower extremity on 9/24/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

RN evaluation with 12 home visits: 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 Page(s): 51.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the requested 12 home nursing assessments would not be indicated. While the employee was noted to have sustained a left ankle fracture in the postoperative course following left total knee arthroplasty, there is no documentation to support the need for 12 sessions of a home registered nurse

assessment given the employee's surgical course. The employee's ankle was immobilized thus negating the need for specific care. The submitted records do not support the need for the number of sessions in question following joint replacement procedure. Therefore, the requested RN evaluation with 12 home visits is not medically necessary and appropriate.

Coumadin management two sessions per week for six weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure -Venous Thrombosis.

Decision rationale: The California Medical Treatment Utilization Schedule does not address Coumadin management. Based on the Official Disability Guidelines, 12 sessions (two sessions per week for six weeks) of Coumadin management would not be indicated. The submitted records do not provide a clear rationale for the requested number of sessions. Based on the documentation provided, there is no indication that the employee has a history of a prior venous thrombolytic issue. While she did sustain a secondary fracture, ankle fractures in and of themselves are typically not managed with a long-term venothrombolytic course of care. Therefore, the requested Coumadin management two sessions per week for six weeks is not medically necessary and appropriate.

Physical therapy evaluation of left lower extremity with three sessions per week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on the Post-Surgical Treatment Guidelines, the requested 18 initial sessions of physical therapy is not supported. According to the guidelines, up to 12 sessions of initial physical therapy would be indicated in the postoperative course following total joint arthroplasty. Thus, the requested physical therapy evaluation of the left lower extremity with three sessions per week for six weeks exceeds guideline recommendations and is not medically necessary and appropriate.

Occupational therapy evaluation of left lower extremity with three sessions per week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on the Post-Surgical Treatment Guidelines, the requested 18 initial sessions of occupational therapy is not supported. The request for occupational therapy evaluation of the left lower extremity with three sessions per week for six weeks exceeds guideline recommendations for initial therapy and is not medically necessary and appropriate.

Home health aide for eight hours per day for 12 weeks: 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.

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, a home health aide eight hours per day for 12 weeks is not supported. While the employee sustained a fracture on top of a recent joint replacement procedure, there is no documentation to indicate that the employee has been homebound on a 12-week interval basis to support the request in question. Further, the request for 56 hours of home health assistance per week exceeds the guidelines in this setting which only recommend 35 hours per week in the homebound setting. Therefore, the requested home health aide for eight hours per day for 12 weeks is not medically necessary and appropriate.