

<b>Case Number:</b>	CM13-0043903		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	10/21/2011
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 claimant is a 64-year-old gentleman who injured the left knee on 10/21/11. Records provided for review document that the claimant failed care and on 04/17/13 underwent left knee arthroscopy and debridement. Postoperatively, the claimant has had continued complaints of pain in the left knee and the recommendation has been made for total joint arthroplasty. The recent Utilization Review of 04/18/14 supported the left knee arthroplasty as well as a preoperative MRI and postoperative use of physical therapy. There are now perioperative requests to include home physical therapy for six sessions, a walker, and a three to five day inpatient length of stay for the abovementioned surgical procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **POST-OP IN HOME PHYSICAL THERAPY 2 TIMES A WEEK FOR 3 WEEKS:**

Overtured

**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): 51.

**Decision rationale:** This individual is to undergo total joint arthroplasty for which home care physical therapy in the initial setting would be indicated. The request for six sessions of home

care therapy given the claimant's need for surgical intervention would be supported. The request is Post-Op in Home Physical Therapy is medically necessary.

**WALKER:** Overturned

**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, Walking Aids and The Medicare Claims Processing Manual, Chapter 20, "Durable Medical Equipment, Prosthetics and Orthotics, and Supplies(DMEPOS), <http://www.cms.hhs.gov/manuals>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure - Walking Aids (Canes, Crutches, Braces, Orthoses, & Walkers).

**Decision rationale:** The CA MTUS and ACOEM Guidelines do not address the request for a walker. The Official Disability Guidelines support the request for a walker. The use of a walker for ambulation following the above mentioned surgery where the claimant's gait and lower extremity strength will be compromised would be reasonable. The use of a walker following joint arthroplasty would be an acceptable device given the surgical process being performed. The request for Walker is medically necessary.

**3-5 INPATIENT HOSPITAL STAY:** 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, Hospital Length of Stay (LOS), Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Hospital length of stay (LOS).

**Decision rationale:** CA MTUS and ACOEM Guidelines do not address inpatient hospital length of stay. The request for a three to five day inpatient stay would not be indicated. The Official Disability Guidelines recommend no more than three days of inpatient stay following joint arthroplasty. The request in this case to include inpatient stay up to five days would exceed the ODG Guidelines and is not medically necessary.