

Case Number:	CM13-0052869		
Date Assigned:	12/30/2013	Date of Injury:	05/18/2010
Decision Date:	03/26/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/18/2013

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 Internal Medicine, Pulmonary Diseases 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 57-year-old male who reported an injury on 05/18/2010 after a trip and fall. The patient ultimately underwent left knee arthroplasty on 09/19/2013. The patient's most recent clinical evaluation documents that the patient is participating in a home exercise program and uses a continuous passive motion machine, bending her left knee to approximately 90 degrees. Objective findings included an antalgic gait on the left side with a well-healed surgical scar to the left knee and range of motion described as 0 degrees to 85 degrees in flexion. The patient's treatment plan included postoperative physical therapy and home health care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, home health services.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The Physician Reviewer's decision rationale: The requested Postoperative physical therapy 2x6 is not medically necessary or appropriate. The California Medical

Treatment Utilization Schedule does recommend a total of up to 24 postoperative physical therapy visits after a total knee arthroplasty. However, the patient is 1 month status post total knee arthroplasty. It is noted within the documentation that the patient is participating in a home exercise program and using a continuous passive motion machine. The number of postsurgical physical therapy visits that the patient has already participated in has not been addressed. California Medical Treatment Utilization Schedule recommends the addition of physical therapy be based on objective functional gains. The clinical documentation submitted for review does not provide any evidence of objective gains as a result of prior therapy. As such, the requested Postoperative physical therapy 2x6 is not medically necessary or appropriate.

Six (6) hours in-home care for first month, followed by 4 hours per day for second month, seven days a week:

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, home health services.

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

Decision rationale: The requested 6 hours in-home care for first month, followed by 4 hours per day for second month, seven days a week is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends home health care for patients who are home-bound on an intermittent or part time basis. The clinical documentation submitted for review does not provide any evidence that the patient is home-bound. The patient is ambulatory. The documentation does not support that the patient has any self care deficits that cannot be accommodated by the patient or their family. Therefore, the need for home health care is not clearly established. As such, the requested 6 hours in-home care for first month, followed by 4 hours per day for second month, seven days a week is not medically necessary or appropriate.