

<b>Case Number:</b>	CM13-0063990		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 66-year-old male who sustained bilateral lower extremity injuries in a work-related accident on November 19, 2012. Clinical records indicate that on November 27, 2013, a right total knee arthroplasty was recommended and supported upon utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **FOUR WEEK RENTAL OF VASCULAR THERMAL 4 DVT SYSTEM WITH HOT/COLD COMPRESSION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 13-3. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The California ACOEM Guidelines support the at home application of cold packs, but do not provide criteria on the use of combination compressive/heat and cold therapy systems. While the Official Disability Guidelines support the isolated use of cold application, the use of combination devices to deliver cryotherapy and vasotherm DVT compression are not recommended due to the lack of proven efficacy. Therefore, the request is not medically necessary.

**NEOPRENE WRAPAROUND KNEE BRACE WITH HINGES: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**Decision rationale:** The California ACOEM Guidelines recommend knee bracing for patellar instability, anterior cruciate ligament tearing, and collateral instability. At present, there is no clinical indication for the role of bracing following primary joint arthroplasty. As such, the request for a Neoprene wraparound knee brace with hinges is not medically necessary.

**CPM MACHINE FOR SIX WEEKS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 California MTUS and ACOEM Guidelines do not address the use of CPM devices following knee replacement, so alternate guidelines were used. Per the Official Disability Guidelines, a six-week use of a CPM device would not be supported. The ODG supports the use of a CPM for up to 21 days, including home use. The request for six weeks of CPM use exceeds criteria; therefore, the request is not medically necessary.

**TRANSPORTATION TO AND FROM SURGERY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 California MTUS and ACOEM guidelines do not address the use of transportation services, so alternate guidelines were used. According to the Official Disability Guidelines, this service would not be indicated. While the claimant is approved for operative intervention, the records do not provide documentation why the claimant needs transportation services. Following surgery the claimant will be mobile and there is no documentation to indicate otherwise. Therefore, this request is not medically necessary.

**IN HOME HEALTH CAREGIVER FOR DAILY HOUSEHOLD CHORES AND ASSIST WITH PERSONAL HYGIENE FOR 50 HOURS OVER 2 WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not support this request for home health services for 50 hours per week for two weeks. The records available for review specifically indicate that home health assistance would be utilized for household chores and personal hygiene. Guidelines state that medical treatment does not include homemaker services such as personal care and that, when approved for the provision of medical treatment, home health services are supported for no more than 35 hours per week. The request in this case exceeds MTUS criteria, and therefore is not medically necessary.