

Case Number:	CM13-0068500		
Date Assigned:	01/03/2014	Date of Injury:	08/15/1974
Decision Date:	06/30/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/19/2013

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 Physical Medicine and Rehabilitation 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 74 year old male who was injured on 08/15/1974 which included bilateral knee pain, shoulder pain and lower back pain. Mechanism of injury is unknown. Prior treatment history has included medications such as OxyContin, Lyrica and Ambien. The patient is status post right total knee replacement 04/12/2012. He received 16 authorized treatments of therapeutic exercises for range of motion, strength and home program instruction, manual therapy for soft tissue mobilization and stretching, gait training and modalities. Progress note dated 09/09/2013 documented the patient with complaints of bilateral knee pain which he rates 8-9/10 on the left and 5/10 on the right. Worst for both knees is 8-9/10. He is experiencing increased swelling with standing and prolonged activity. He elevates bilateral lower extremities and does ice machine for 20-30 minutes twice a day to decrease inflammation and swelling. He is able to do light housekeeping, yard work, grocery shopping and he does physical therapy two times a week. He has been experiencing a decreased in ambulation due to increase in bilateral knee pain and swelling. He is also requesting that I submit a request for his electric scooter due to the fact that his previous scooter broke at the beginning of this year so he has been waiting since beginning of this year for a new scooter. The electrical scooter allows him to be more mobile and more active around his home as well as being more active out in public. Objective findings on exam reveal there are no signs of analgesia or aberrant behavior present at this time. He is casually dressed with good grooming and clear and coherent speech. An antalgic gait was noted and he does use a cane to help him ambulate. The mood was euthymic. He was friendly during our conversation. There was limited range of motion of bilateral knees; he was able to extend however. He had difficulty with flexion, crepitus and edema. Assessment: 1. Bilateral knee pain 2. Right shoulder pain 3. Chronic pain syndrome 4. Opioid dependence Progress note dated 10/14/2013 documented the patient having received a new scooter and ramp at his home

recently. The patient reports knee pain and weakness in the knees with continues swelling in both knees, especially the right. He has right and left thigh pain and weakness after prolonged standing and walking, especially on uneven ground. Aggravating activities are walking, standing, climbing steps and walking down inclines. Easing activities are reducing activities, elevation and ice. Objective findings on examination reveal a well healed incision of the right/left knee regions with moderate swelling. Range of motion of the left knee is improved to: 0-118-120, right 0-120 degrees. Strength in bilateral knees: Quads 4-/5, hamstring 4- to 4/5. There is limited soft tissue mobility of the right and left lateral thigh and calf. He carries out his stretching successfully. The patient's gait exhibits a wide based with limited swing and stance, along with stride without the use of assisted devices on level and uneven surfaces.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE HOME HEALTH NURSE 1-2 TIMES A WEEK FOR 4 WEEKS:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS Guidelines, home health services are recommended only 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. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The medical records provided do not indicate the patient has undergone any recent surgery. Nevertheless, assuming surgery is pending, the medical necessity of post-operative home health nurse visits is not indicated as regular follow-ups in the medical office would suffice for post-operative management of wound healing and general medical management. The patient is not considered homebound. Therefore, the medical necessity of the request is not established.

DURABLE MEDICAL EQUIPMENT WALKER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: According to the Official Disability Guidelines, walking aids are generally recommended. Almost half of patients with knee pain possess a walking aid. Disability, pain, and

age-related impairments seem to determine the need for a walking aid. Non use is associated with less need, negative outcome, and negative evaluation of the walking aid. According to the 10/13/2013 physical therapy progress report, the patient had completed 13/16 PT sessions, status post right knee TKR (DOS 04/12/2012), he had 0-120 degrees ROM of the and 4-/5 to 4/5 strength bilateral knees, and demonstrated a wide-based gait without assistive devices. The medical records provided do not indicate the patient is not currently ambulatory on his own, or with a standard cane. Additionally, according to the progress note, he reported having recently received a new scooter and ramp to his home. If the patient were currently pending, or had recently undergone additional knee surgery, it is reasonable, that given his extensive past surgical history, would already have access to a walker or other ambulatory aids. The medical necessity of a walker is not established by the medical records. The request is not medically necessary according to the guidelines.

DURABLE MEDICAL EQUIPMENT SHOWER CHAIR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Durable medical equipment (DME)

Decision rationale: According to the ODG, DMEs are recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) (See ODG). Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. The medical records provided do not indicate the patient is unable to adequately bath/shower himself currently. Furthermore, given his extensive past surgical history, the patient would already have access to any necessary assistive equipment. The medical necessity of a shower chair has not been established.