

Case Number:	CM14-0102825		
Date Assigned:	07/30/2014	Date of Injury:	06/30/2007
Decision Date:	08/29/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/03/2014

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 61-year-old gentleman who sustained an injury to his right knee on June 30, 2007. The records available for review note that the claimant is status post total joint arthroplasty and has continued postoperative complaints. A June 5, 2014, progress report describes continued right knee pain. Objective findings on examination show an antalgic gait, knee effusion, medial joint line tenderness, and retropatellar tenderness with range of motion and lateral tracking of the patella. The claimant was diagnosed with malalignment of the patellofemoral component. A request for arthrotomy with revision patellar prosthetic and tibial revision was recommended and, on June 26, 2014, certified. This request is for postoperative use of a knee immobilizer and three sessions of in-home physical therapy in the one-week post-operative period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee immobilizer purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic) - Knee brace.

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

Decision rationale: California MTUS ACOEM Guidelines would not support the use of a knee immobilizer in this case. ACOEM Guidelines recommend the use of a knee brace for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability. The claimant is certified to undergo revision arthroplasty, which would not result in instability of the knee. While postoperative use of an ambulatory device could be indicated, the need for immobilization given the nature of the planned surgery would not be supported. Therefore, this request would not be medically necessary.

Home physical therapy 3 times a day for 1 week: Overturned

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

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

Decision rationale: California MTUS Chronic Pain Guidelines would support the need for three sessions of home-based physical therapy in the one-week post-operative period. The claimant is certified to undergo revision Arthroplasty. Based on the Chronic Pain Guidelines that recommend home health services for patients who are homebound, on a part-time or intermittent basis, the fact that the claimant would be considered homebound on a part-time basis one week post-operatively, the request for three sessions of in-home physical therapy would meet guidelines criteria as medically indicated.