

<b>Case Number:</b>	CM14-0017280		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	08/14/2012
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	01/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 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 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 claimant is 55-year-old gentleman who injured his left knee in a work related accident on August 14, 2012. Records provided for review include a clinical progress report of May 28, 2014 documenting a diagnosis of internal derangement status post left total knee arthroplasty. The claimant also has a diagnosis of right knee bone on bone osteoarthritis. Subjective complaints at that time note a recent 20 pound weight loss for the intent of right knee surgery and continued use of a cane. Physical examination findings showed vital signs to be stable, restricted range of motion of 120 degrees of flexion on the left and 100 degrees of flexion on the right. There was no instability. Recommendations at that time were for total joint arthroplasty for the claimant's right knee. There was also a request for continued use of Naprosyn, Remeron, and home care treatment to include phlebotomy, postoperative use of a hospital bed and a pain catheter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PAIN CATHETER:** 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 Post-op ambulatory infusion pumps (local

anesthetic)Under study. Surgical knee patients receiving local anesthetic infusion postoperatively may experience less pain and require less narcotics. (Hoenecke, 2002) See also the Hernia Chapter, where it is recommended.

**Decision rationale:** The California ACOEM Guidelines do not address this request. Based upon the Official Disability Guidelines, the use of an indwelling pain catheter would not be indicated. Indwelling Pain Catheters or local infusion pumps are still under study for use in the postsurgical setting according to the ODG Guidelines. At present there is no documentation that this injured worker's surgical process has taken place. The use of this indwelling catheter postoperatively would thus not be supported as medically necessary.

**POST OP HOSPITAL BED 1 MONTH RENTAL;: 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 Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines® Inpatient and Surgical Care 18th Edition Bed, Active (Dynamic) - AC.

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address this request. Based on the Milliman Care Guidelines, a hospital bed would not be indicated. The Milliman Care Guidelines recommend hospital beds for high risk individuals as an alternative to pressure mattresses to alleviate compression. While this individual is documented to be undergoing total knee arthroplasty, there is no current documentation that surgery has taken place or indication as to why a home hospital bed would be indicated following this surgical process that utilizes prompt advancement of weight bearing and mobilization in the postoperative setting. The specific request would not be supported.

**POST SURGERY IN HOME PHLEBOTOMY 6 VISITS: CBC, CMP, EKG, CHEST X-RAY: 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 : Home health services Page(s): 51.

**Decision rationale:** The California MTUS Chronic Pain Guidelines would not support the role of home phlebotomy for six visits. As stated above, the clinical records do not support that the surgical process has yet occurred. There would be no acute indication for multiple visits for laboratory testing including postoperative electrocardiogram or chest x-rays. The role of multiple postoperative home testing would not be indicated with no indication of significant risk factor or indication for the need of the specific testing for six visits in the postoperative setting following arthroplasty.

