

Case Number:	CM14-0119285		
Date Assigned:	08/06/2014	Date of Injury:	02/04/2002
Decision Date:	10/01/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/29/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 medical records reflect the claimant is a 60 year old female who sustained a work injury to the left knee on 2-4-02. On this date, the claimant slipped and fell. She was treated with medications, physical therapy, aquatic therapy, and acupuncture. The claimant was then provided with three arthroscopic surgeries in 2007. She has had additionally intraarticular injections and Synvisc injections. The claimant has end stage arthritis. Office visit on 7-22-14 notes the claimant has ongoing pain in the lower back that is radiating down the right leg. The claimant was provided with refill medications. She has a knee replacement scheduled for 8-4-14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computer navigation: 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 Knee chapter - Knee arthroplasty

Decision rationale: The Official Disability Guidelines reflect that unicompartmental knee replacement is recommended as an option. Unicompartmental knee replacement is effective among patients with knee OA restricted to a single compartment. After total knee arthroplasty

(TKA) for osteoarthritis of the knee, obese patients fare nearly as well as their normal-weight peers. There is an absence in current evidence based medicine to support the need for navigation system when performing a total knee arthroplasty. Therefore, the medical necessity of this request is not established.

Nursing needs (in-home RN)/ Home health visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services. Decision based on Non-MTUS Citation pain chapter - home health services

Decision rationale: The Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines note that 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. Medical Records reflect this claimant was scheduled for a total knee replacement. Mobilization is encouraged to avoid secondary effects. Medical Records does not reflect that claimant has a diagnosis that requires home health services. There is an absence in documentation noting that this claimant is homebound. Therefore, the medical necessity of this request is not established.