MAXIMUS Federal Services

Case Number:	CM14-0119368		
Date Assigned:	08/06/2014	Date of Injury:	02/07/2007
Decision Date:	09/10/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/28/2014

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 Orthopaedic 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:

This 61-year-old male daily deli manager sustained an industrial injury on 2/7/07 while unpacking product from a pallet. The 6/26/14 treating physician progress report cited severe left knee pain and swelling. There was significant functional difficulty with activity. Physical exam demonstrated large effusion, medial joint line tenderness, and range of motion 0-125 degrees with pain and crepitus. X-rays demonstrated end-stage degenerative joint disease of the left knee with bone-on-bone arthrosis of the medial compartment, and degenerative joint disease involving the patellofemoral joint and lateral compartment. Previous treatment had included arthroscopic surgery, anti-inflammatory medications, corticosteroid injections, and viscosupplementation injections without sustained improvement. A total knee arthroplasty was requested with pre-operative and post-operative services and durable medical equipment. The 7/3/14 utilization review certified the requests for left total knee arthroplasty surgery and post-operative physical therapy x 12 sessions. The request for post-op in-home physical therapy 2x3 was denied as there was no documentation to support the medical necessity of in-home physical therapy. The request for Lovenox 40 mg injectable 14 doses was denied as risk factors for deep vein thrombosis were not identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Post-operative Physical Therapy sessions for Left Knee (In-home): Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. The California MTUS Post-Surgical Treatment Guidelines for knee arthroplasty suggest a general course of 24 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. An initial 6-visit course of home physical therapy following total knee arthroplasty is consistent with guidelines as the patient would be expected to be homebound on an intermittent basis. Therefore, the request of six (6) Post-operative Physical Therapy sessions for Left Knee (In-home) is medically necessary and appropriate.

Lovenox 40 mg (Injectable), 14 doses: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and Leg regarding Venous thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation America College of Clinical Pharmacy (ACCP).

Decision rationale: The California MTUS and Official Disability Guidelines do not provide guidelines for the use of this medication. The America College of Clinical Pharmacy (ACCP) recommends low-molecular-weight heparin (LMWH), like Lovenox for hip/knee arthroplasty patients [High Quality Evidence]. As for the duration of prophylaxis, ACCP recommends a minimum of 10-14 days and suggests extending prophylaxis for "up to 35 days." Guideline criteria have been met. The use of Lovenox for 14 days post-operatively is consistent with evidence based medical guidelines. Therefore, the request of Lovenox 40 mg (Injectable), 14 doses is medically necessary and appropriate.