MAXIMUS Federal Services

Case Number:	CM14-0119618		
Date Assigned:	08/06/2014	Date of Injury:	05/07/2011
Decision Date:	09/10/2014	UR Denial Date:	07/17/2014
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 Orthopedic 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 53-year-old gentleman who injured his right knee on 05/07/11 while stocking a shelf. The medical records for review document a diagnosis of osteoarthritis of the knee for which he has failed conservative care. The recommendation was made for total knee arthroplasty. This review is to address pre and post-surgery requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative walker: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC): Knee and Leg (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. The Official Disability Guidelines would support the postoperative use of a walker following arthroplasty to aid in ambulatory assistance following the aggressive lower extremity surgery and

is recommended as medically necessary. Therefore, the request for post-operative walker is medically necessary and appropriate.

Preoperative Complete Blood Count, Renal Function Panel, Prothrombin Time and Partial Thromboplastin Time laboratory blood testing: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Emedicine (http://emedicine.medscape.com/article/285191-overview#a30) Preoperative Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: California ACOEM Guidelines would support preoperative testing including CBC, bleeding times, and renal function. This individual is to undergo an aggressive total joint arthroplasty and is greater than 50 years of age. The role of this medical testing for routine preoperative assessment would be supported as medically necessary. Therefore, the request of Preoperative Complete Blood Count, Renal Function Panel, Prothrombin Time and Partial Thromboplastin Time laboratory blood testing is medically necessary and appropriate.

Eight (8) Postoperative Home Health Nurse visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

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

Decision rationale: California MTUS Postsurgical Rehabilitative Guidelines would support eight sessions of home health nursing visits. This individual would be considered home-bound on a part time or intermittent basis following operative arthroplasty. Therefore, the request of eight (8) Postoperative Home Health Nurse visits is medically necessary and appropriate.

Eight (8) Postoperative home physical therapy visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

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

Decision rationale: The California MTUS Chronic Pain and Postsurgical Guidelines would also support eight sessions of postoperative home physical therapy. As stated this individual would be home-bound on a part time or intermittent basis. The Postsurgical Guidelines recommend up

to 24 sessions of therapy in the postoperative setting. The initial home care therapy in this case would be indicated given the claimant's surgical process and home-bound status. As such, the request of eight (8) Postoperative home physical therapy visits is medically necessary and appropriate.