

Case Number:	CM14-0133140		
Date Assigned:	08/22/2014	Date of Injury:	09/21/2000
Decision Date:	09/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/20/2014

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, has a subspecialty in Pain Management, 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 patient is a 57-year-old with a date of injury of September 21, 2000. The listed diagnosis per [REDACTED] is status post right knee arthroscopy x2 with posttraumatic arthrosis. According to progress report June 23, 2014, patient presents for reevaluation regarding the right knee. Treater states the patient was examined a couple of years ago, and at that time, she was administered an intraarticular injection to her right knee which did not help. Over the past two years, she has participated physical therapy, received injections, and continues to have symptoms of pain. The patient reports she has fallen due to her knee giving way. She has limitation of activities of daily living and cannot tolerate her symptoms. Treater notes the patient was evaluated by agreed medical examiner, [REDACTED], who recommended her for a total knee arthroplasty. Examination revealed antalgic gait, tenderness over the patellofemoral joint, and crepitus with range of motion. There is weakness to the knee extension and flexion secondary to pain. Range of motion of the knee is 10 degrees of full extension and 90 degrees of flexion. Treater states "surgery will be right total knee arthroplasty and will be scheduled as soon as authorization is obtained." He is requesting authorization for preoperative clearance prior to surgery and a registered nurse assessment for postoperative wound care and home aid. This is a request for registered nurse assessment for postoperative wound care and home aid, and then internal medicine preoperative clearance. Utilization Review denied the request on August 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Registered Nurse Assessment for Post Operative Wound Care and Home Aid: 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: This patient presents with chronic knee pain. The treater is requesting a registered nurse assessment for postoperative wound care and home aid. The Chronic Pain Medical Treatment Guidelines has the following regarding home services, "Recommended only for otherwise recommended medical treatment for patients who are home-bound 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." In this case, the patient has not yet been authorized for surgery. The requested nurse for post op care and home aid is not necessary at this time. Therefore, the request for a registered nurse assessment for post-operative wound care and home aid is not medically necessary or appropriate.

Internal Medicine Pre-Operative Clearance: 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 Official Disability Guidelines (ODG) Preoperative testing, general chapter.

Decision rationale: This patient presents with chronic knee pain. The treater is requesting an operative clearance. For preoperative testing, ODG Guidelines recommends preop lab testing for preoperative urinalysis, electrolyte and creatine testing, random glucose testing, and complete blood count. Pre-operative clearance would be indicated if the patient was to undergo surgery. In this case, the requested surgery has not been authorized and there would be no need for pre-operative work-up. Therefore, the request for internal medicine pre-operative clearance is not medically necessary or appropriate.