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| <b>Case Number:</b>   | CM14-0151547 |                              |            |
| <b>Date Assigned:</b> | 09/19/2014   | <b>Date of Injury:</b>       | 02/08/2011 |
| <b>Decision Date:</b> | 10/20/2014   | <b>UR Denial Date:</b>       | 08/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/17/2014 |

### 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 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:

The claimant is a 45-year-old female who injured her right knee in a work related accident on 02/08/11. The clinical records provided for review included the progress report dated 07/05/14 that recommended right total knee arthroplasty due to failed conservative care and worsening right knee complaints. The report documented that the claimant had failed viscosupplementation injections, physical therapy, and prior knee arthroscopy. According to the Utilization Review determination dated 08/04/14, right total knee arthroplasty is authorized as medically necessary. There are multiple perioperative requests to include a six week use of a CPM device, a two week in-patient skilled nursing stay, two additional weeks of home health care, and home health care physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPM Machine for 6 weeks postoperatively:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines do not provide

criteria relevant to this request. Based on the Official Disability Guidelines, the request for use of a CPM device for six weeks postoperatively would not be indicated. While the Official Disability Guidelines recommend the use of a CPM device following knee arthroplasty, it is only recommended for use up to 21 days including home use. The requested six weeks' use of the CPM exceeds the ODG Guidelines and is not recommended as medically necessary. There is no documentation in the records that this claimant would be an exception to the standard care guidelines.

**2 weeks in patient stay at Skilled Nursing facility: 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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Skilled nursing facility LOS (SNF)

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for a two week skilled nursing facility stay would not be indicated. The Official Disability Guidelines recommend an inpatient stay of six to twelve days at an in-patient rehabilitation facility. There is no documentation to explain why the claimant would require an extended stay for a two week period of time. There is no documentation of the claimant's postoperative range of motion, activity level, or complications to support the need for an extended length of stay. There is no documentation as to the length of stay that was provided at the hospital facility. Given the clinical records available for review, the request would exceed guideline criteria and would not be indicated.

**Home Health cared for two weeks: 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:** California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines also would not support two weeks of home health care. Two weeks of home health care following joint arthroplasty would be highly subject to the time frame as to when the home health care would be needed. The Chronic Pain Guidelines state that home health care is reserved for individuals that are otherwise home-bound on a part time or intermittent basis. Presently there is a request for a skilled nursing facility stay in addition to in-patient hospital stay. Without documentation of the time frame as to when home health care services would occur, and what the services would be, the request cannot be supported as it would not be known

whether the claimant would still be at a home-bound status at that point in time. The request in this case would not be supported.

**Home Physical Therapy for two weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain and Postsurgical Rehabilitative Guidelines also would not support two weeks of home physical therapy. The total number of physical therapy sessions to be provided is not specified. It is also not established that the claimant would be home bound for that amount of time. Therefore, the need for two weeks of home physical therapy would not be supported.