

Case Number:	CM14-0162230		
Date Assigned:	10/28/2014	Date of Injury:	11/03/2010
Decision Date:	12/04/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/02/2014

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 49-year-old male police officer sustained an industrial injury on 11/3/10. Injury occurred lifting a body out a bathtub and carrying it downstairs. Past surgical history was positive for 3 right knee arthroscopic surgeries in 1995, 1996, and 2011, and operative findings of medial joint arthritis and grade 2 to 3 trochlea chondromalacia. Records documented medication allergies to Vicodin and Norco. The 9/3/14 treating physician report cited constant grade 4/10 right knee pain that increased with standing, walking, going up or down stairs, and at night. Pain was primarily on the inside of the knee and there was some mild anterior knee discomfort. He reported worsening pain with swelling, instability, and limping. Conservative treatment had included activity modification, medications, injections, and physical therapy. Walking was limited to less than 5 blocks. Physical exam documentation height 6'1", weight 227 pounds, mild antalgic gait, mild deformity, varus alignment, and trace effusion. There was medial joint line tenderness, patellofemoral facet tenderness, range of motion 0-120 degrees, mild collateral ligament laxity, and intact lower extremity motor and sensory function. X-rays were taken and showed right knee medial compartment near bone-on-bone arthritis. The treatment plan recommended right partial knee arthroplasty. The 9/18/14 utilization review approved a request for right unicompartmental knee arthroplasty with associated requests, including 9 visits of post-op home health physical therapy, 12 visits of out-patient physical therapy, crutches, single point cane, and post-op Percocet 5/325 mg #120. The request for post-op occupational therapy was denied based on patient age and experience with post-op maneuvering. The request for a front wheeled walker was denied based on patient age and associated approvals for crutches and a single-point cane. The request for a wedge cushion was denied as this item was apparently for comfort. The request for post-op Norco was denied as Percocet was approved and records documented the patient was allergic to Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Home health OT time three(3): 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, Postsurgical Treatment Guidelines Page(s): 24.

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 therapy 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. The 9/18/14 utilization review certified 9 visits of post-op home health physical therapy. There is no compelling reason to support the medical necessity of the additional occupational therapy for this patient. There is no indication that special training/instruction is required in addition to physical therapy services. Therefore, this request is not medically necessary.

Associated surgical service: Front Wheeled Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: The California MTUS guidelines support the use of crutches for partial weight bearing for patients with knee complaints. The Official Disability Guidelines recommend the use of walking aids for some patients and state that cane use, in conjunction with a slow walking speed, lowers the ground reaction force, and decreases the biomechanical load experienced by the lower limb. There is no specific guideline support for a front wheeled walker. The 9/18/14 utilization review certified both crutches and a single point cane for post-operative use. There is no compelling reason presented to support the medical necessity of a front wheeled walker for this patient. Therefore, this request is not medically necessary.

Associated surgical service: Wedge Cushion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Durable medical equipment (DME), On line, Knee and Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Durable medical equipment

Decision rationale: The California MTUS guidelines are silent regarding this item. The Official Disability Guidelines generally recommend durable medical equipment (DME) if there is a medical need and the item meets Medicare's definition of DME. An item meets the definition of DME if it is primarily and customarily used to serve a medical purpose and is not generally useful to a person in the absence of illness or injury. Guideline criteria have not been met. This request for a wedge pillow appears to be for patient comfort and is not primarily used to serve a medical purpose. Therefore, this request is not medically necessary.

Associated surgical service: Norco 5/325mg QTY: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346, Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of opioids on a short term basis for knee pain. Guidelines recommend Norco for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Short-acting opioids, also known as "normal-release" or "immediate-release" opioids, are seen as an effective method in controlling post-operative pain. The post-operative use of Norco would generally be reasonable for patients undergoing partial knee arthroplasty. However, records document that this patient was allergic to Norco and Vicodin. Given this contraindication, this request is not medically necessary.