

Case Number:	CM14-0167244		
Date Assigned:	10/14/2014	Date of Injury:	02/26/2002
Decision Date:	11/20/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/09/2014

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, has a subspecialty in Orthopedic Spine Surgery and is licensed to practice in New York. 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 66-year-old with a date of injury of February 22, 2002. The patient has had 36 sessions of physical therapy and a home exercise program. The medical records indicate excellent progress with a home exercise program. The patient underwent left and right knee arthroscopy and had a knee total joint replacement. According to the medical records the patient has 60% improvement of symptoms following total joint replacement of the right knee. The patient still complains of intermittent neck pain. The patient also has bilateral shoulder pain and some back pain. The medical records indicate that the left knee pain is the patient's greatest complaint. On physical examination there is an effusion in the bilateral knees. The lower extremities are neurovascularly intact. Homans sign is negative. There is flexion contracture bilaterally. The patient has 120 of right knee flexion and 110 of left knee flexion. There is an antalgic gait. At issue is whether multiple old allergies for the treatment of the patient's knee conditions are medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home post-op physical therapy 3 x 2, left knee: 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), Knee & Leg (updated 08/25/2014)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS knee pain chapter, ODG knee and leg

Decision rationale: MTUS criteria recommended 24 visits postoperatively after the surgery. It is unclear from the medical records exactly how much postoperative physical therapy the patient has had at this time. The right knee total arthroplasty was performed in December 23, 2013. The medical records do not clearly document the amount of physical therapy the patient has had. They do document the patient has done well with a home physical therapy program. Since it is unclear exactly how much physical therapy the patient has had to date, guidelines do not support additional physical therapy at this time. In addition it is documented the patient is doing well for home program so the need for formal physical therapy has not been established.

CMP rental: 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), Knee & Leg (updated 08/25/2014)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG knee pain chapter

Decision rationale: Guidelines only support the use of Continuous Passive Motion (CPM) under conditions of low postoperative mobility of her inability to comply with rehabilitation exercises following total knee arthroplasty revision. This is not documented in the medical records. Therefore requested a CPM rental not medically needed.

Polar/care purchase: 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), Knee & Leg (updated 08/25/2014)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG hip and knee chapter

Decision rationale: Cold therapy at the knee surgery is permitted within 7 days after surgery. It is unclear from the medical records exactly how long the cold therapy unit is prescribed for. Since there is a 7 day limit per ODG guidelines, cold therapy for an unspecified amount of time cannot be approved at this time. Guidelines indicate that only 7 days postoperative cold therapy is medically necessary. It is unclear from the medical records exactly how long the cold therapy is being requested for use.

Home health RN for wound care and coumadin dosing 2 X 2: 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), Knee & Leg (updated 08/25/2014)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG knee pain chapter

Decision rationale: This patient has not been found to be homebound in the request for a home health nurse for wound care and Coumadin dosing is not medically necessary or appropriate. The medical necessity for this service has not been established and the medical records.