MAXIMUS Federal Services

Case Number:	CM14-0170323		
Date Assigned:	10/20/2014	Date of Injury:	10/04/2006
Decision Date:	12/31/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/15/2014

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 Minnesota. 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 injured worker is a 62 year-old female, who was injured on October 4, 2006, while performing regular work duties. The injury involved multiple body parts, including the right knee. The records indicate the injured worker has had failure with conservative treatment, which included bracing, cortisone injections, and arthroscopy. A magnetic resonance imaging on August 28, 2014 revealed significant wear of the osteochondral surface of all three right knee compartments. X-rays revealed advanced tricompartmental osteoarthritis with the medial compartment bone on bone. On October 10, 2014, the injured worker underwent a right total knee replacement. The request for authorization is for a hinged knee brace; continuous passive motion (CPM) machine rental 6 weeks, physical therapy two times weekly for ten weeks; and home health aide to assist with daily living. The primary diagnosis is osteoarthrosis of lower extremity. Additional diagnosis provided is traumatic arthritis right knee. On September 25, 2014, Utilization Review non-certified the hinged knee brace. On September 25, 2014, Utilization Review provided a modified certification for continuous passive motion machine of a 17 day rental; physical therapy total of 8 visits; and home health aide total of 3 visits. Regarding the hinged knee brace is per ACOEM guidelines that state a brace can be used for patellar instability; however the documentation does not support knee instability. Regarding the continuous passive motion machine is per Official Disability Guidelines, which state for home usage up to 17 days after surgery for patients at risk of a stiff knee are immobile or unable to bear weight. Regarding physical therapy two times weekly for ten weeks, per MTUS guidelines citing that an initial course of therapy is one half of the number of visits specified for the specific surgery which is knee arthroplasty. The general course of therapy is 24 visits over 10 weeks. The initial course is 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice (2) a week for ten (10) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Post-surgical treatment guidelines recommend a general course of therapy of 24 visits over 10 weeks for a total knee arthroplasty. The post-surgical physical medicine period is 4 months. The initial course of therapy is one half of these visits or 12 sessions. With documentation of continuing objective functional improvement a subsequent course of 12 visits may then be prescribed within the above parameters. If after completion of therapy it is determined that additional objective functional improvement is likely, it can be extended further but not beyond the 4 months. The initial request cannot be more than 12 sessions. The requested 20 sessions exceeds the guidelines and is not medically necessary.

Home Health Aide to Assist with Daily Living: 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: The California MTUS chronic pain guidelines recommend home health services only for medical treatment of homebound patients and not for personal care such as bathing or dressing and using the bathroom. Activities of daily living are not covered. Utilization Review has covered 3 days of activities of daily living (ADL). The requested additional days of home health assistance with activities of daily living are not supported by guidelines and as such are not medically necessary.

Associated surgical service: DME: Hinged Knee Brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: California MTUS guidelines indicate knee braces for patellar instability, or ligamentous instability. During a total knee arthroplasty appropriate releasing of tight structures

is carried out to balance the ligaments and there is no instability. The documentation does not support the presence of post-operative instability. As such, bracing is not medically necessary.

Associated surgical service: DME: CPM Machine Rental 6 Weeks: 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) Section: Knee, Topic: Continuous Passive Motion

Decision rationale: California MTUS does not address this issue. Official Disability Guidelines recommend post-operative use of continuous passive motion after a total knee arthroplasty for up to 17 days for home use while patients are not actively bearing weight and are at risk for a stiff knee. The request for 6 weeks rental of a CPM machine exceeds the guidelines and is not medically necessary.