

Case Number:	CM14-0175075		
Date Assigned:	10/28/2014	Date of Injury:	11/21/2012
Decision Date:	12/04/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/23/2014

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 54-year-old male equipment operator sustained an industrial injury on 11/21/12. Injury occurred when the patient was involved in a high-speed rear-end motor vehicle accident. Injuries were reported to the right shoulder, right knee, neck and low back. Past medical history was negative. Past surgical history was positive for a remote right knee arthroscopic meniscectomy. The 3/31/14 right knee MRI documented status post partial medial meniscectomy without tear and probable degenerative tearing of the lateral meniscus. There was tricompartmental osteoarthritis most severe in the medial compartment with large areas of full thickness chondral loss. The 9/25/14 orthopedic specialist report cited grade 6-7/10 right knee pain with associated swelling. Pain disturbed sleep and difficulty was reported with standing, walking, and climbing stairs. Physical exam documented height 6'3", weight 240 pounds, and normal bilateral lower extremity neurovascular exam. Knee range of motion was 5 to 120 degrees with crepitus and pain at end-ranges. He was stable to varus, valgus, anterior, and posterior stresses. X-rays demonstrated severe bone-on-bone right knee osteoarthritis. There was significant pain and dysfunction affecting activities of daily living. The patient had been refractory to conservative treatment, including physical therapy, anti-inflammatory medications, and injections. The patient was indicated for a total knee arthroplasty. The 10/17/14 utilization review denied the request for post-operative inpatient rehabilitation pending the completion of surgery and evaluation of post-operative outcome to assess the need for inpatient rehabilitation. The request for post-op home health physical therapy was denied as there was no indication in the medical records that the claimant would not be able to attend physical therapy at an outpatient facility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Post operative inpatient rehabilitation, quantity: 1 week:

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); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Knee and Leg (Acute and Chronic) (updated 08/25/2014), Skilled Nursing Facility LOS (SNF)

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, Skilled nursing facility (SNF) care, Skilled nursing facility LOS (SNF)

Decision rationale: The California MTUS does not provide recommendations for inpatient rehabilitation. The Official Disability Guidelines recommend inpatient rehabilitation if necessary after hospitalization when the patient requires skilled rehabilitation and/or skilled nursing services on a 24-hour basis. Guidelines provide specific indications for inpatient rehabilitative care that include: hospitalization for 3 days for major surgery; a physician certifies the patient needs skilled care for post-operative significant functional limitations or associated significant medical co-morbidities; and treatment is precluded in a lower level (i.e. there are no caregivers at home, or the patient cannot manage at home, or the home environment is unsafe, and there are no outpatient management options). Length of stay is recommended for 6 to 12 days in an inpatient rehabilitation for patients who have undergone total knee replacement and meet criteria for admission. Guideline criteria have not been met. There is no medical rationale presented to support the medical necessity of post-operative inpatient rehabilitation for this patient prior to surgery. There is no documentation that the patient cannot be treated at home nor has significant medical co-morbidities. There is no current indication of significant functional impairment or barriers to discharge to home. Therefore, this request is not medically necessary.

Associated surgical service: Post-operative home health physical therapy, quantity: 6:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

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 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. An initial 6-visit course of home health physical therapy following total knee

arthroplasty is consistent with guidelines as the patient would be expected to be homebound on an intermittent basis. Therefore, this request is medically necessary.