

Case Number:	CM14-0175254		
Date Assigned:	10/27/2014	Date of Injury:	04/24/2002
Decision Date:	12/05/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/20/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 55 year old female who was injured at work on 04/24/2002. She is experiencing burning, stabbing, and sharp pain on her left foot suspected to be due to reflex sympathetic dystrophy; she walks with walker. She was reported to have gained 60 pounds. She is able to sit 45 minutes, stand and walk a few minutes. She is able to lift 10-15 pounds. The physical examination revealed a blood pressure of 170/ 75, well healed wound, -15 degrees knee extension, and 85 degrees knee flexion. There was no knee instability, but tenderness was noted along the left patellofemoral joint line. The worker has been diagnosed of infected total knee status post total knee revision surgery with a rupture for most of the tendon attachment noted at surgery, Internal derangement of left knee with patellofemoral inflammation, reflex sympathetic dystrophy of the left lower extremity, right lower planter fasciitis, and chronic pain syndrome. Treatments have included surgery in 05/2014; therapy; TENS unit. At dispute are the requests for DME- lift chair for the left knee and right foot; Physical therapy, 12 sessions with aqua therapy for the left knee and right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME- lift chair for the left knee and right foot: 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 and Leg Chapter, Power Mobility Devices

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

Decision rationale: The injured worker sustained a work related injury on 04/24/2002. The medical records provided indicate the diagnosis of infected total knee status post total knee revision surgery with a rupture for most of the tendon attachment noted at surgery, Internal derangement of left knee with patellofemoral inflammation, reflex sympathetic dystrophy of the left lower extremity, right lower planter fasciitis, and chronic pain syndrome. Treatments have included surgery in 05/2014, therapy, TENS unit and hot and cold wraps. The medical records provided for review do not indicate a medical necessity for DME- lift chair for the left knee and right foot. The MTUS makes no reference to DME, but the Official Disability Guidelines recommends DME if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME), as follows: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. The requested treatment did not satisfy the second condition, that the DME is primarily and customarily used to serve a medical purpose: the documents did not provide enough information to explain why the equipment is needed, or the specific chair. There was no documentation of any specific limitations that would require the need for a lift chair, or any documentation that the patient has an inability to rise from a chair by herself. Therefore, the request is not medically necessary.

Physical therapy , 12 sessions with aqua therapy for the left knee and right foot:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The injured worker sustained a work related injury on 04/24/2002. The medical records provided indicate the diagnosis of infected total knee status post total knee revision surgery with a rupture for most of the tendon attachment noted at surgery, Internal derangement of left knee with patellofemoral inflammation, reflex sympathetic dystrophy of the left lower extremity, right lower planter fasciitis, and chronic pain syndrome. Treatments have included surgery in 05/2014, therapy, TENS unit and hot and cold wraps. The medical records provided for review do indicate a medical necessity for Physical therapy, 12 sessions with aqua therapy for the left knee and right foot. The report of 06/12/2014 indicates she had a complicated surgery involving revision surgery for total knee replacement. The 09/2014 report indicates she could only stand and walk for a few minutes; and as at that time she had had done only six therapy sessions. Therefore, this is a post op revision surgery for knee replacement. The MTUS recommends aquatic therapy as an optional form of exercise therapy, alternative to land based where reduced weight bearing is desirable, for as in extreme obesity. The number of visit is the

same as the number of visits in land based physical medicine. Therefore, the request is medically necessary.