

<b>Case Number:</b>	CM14-0180124		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	11/15/2010
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 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 is a 52-year-old female claimant with an industrial injury dated 11/15/10. X-rays of the left knee dated 07/28/14 demonstrates medial compartment joint space narrowing and degenerative marginal osteophytes of the medial femoral condyle, bilateral tibial plateau, and posterior patellar upper pole. Exam note 09/02/14 states the patient returns with knee pain with the left greater than the right, along with leg and low back pain. X-rays reveal that both knees have advanced degenerative joint disease of the left medial compartment. Upon physical exam the patient demonstrated a decreased range of motion of the lumbar spine with a flexion of 50', and extension of 20'. The patient demonstrated spasms with hypoesthesia at the bilateral L3-S1. Muscle strength is noted at 3/5 at the foot dorsiflexors, evertors and knee extensors. The patient revealed a decreased range of motion of both knees with positive crepitus, and a positive McMurray's. There was evidence of tenderness of the medial and lateral joint line with visible 1 plus swelling over the left knee joint. Treatment includes a continuation of medication, lumbar spine injections, physical therapy, and a left total knee replacement.

### 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 Nurse x 2 weeks/14 days:** Upheld

**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.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are home-bound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration." There is no evidence in the records from 9/2/14 that the patient is home bound. There are no other substantiating reasons why home health services are required. Therefore the request is not medically necessary.

**L4-L5, L5-S1 Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Epidural Injections, Page(s): 46.

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 46, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case the exam notes cited do not demonstrate a failure of conservative management nor a clear evidence of a dermatomal distribution of radiculopathy from the exam note of 9/2/14. Therefore the request is not medically necessary.

**Associated Surgical Service: 3 in 1 Commode:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy, Durable Medical Equipment.

**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, DME Toilet Items.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of commode. Per the ODG Knee and Leg, DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as a raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. In this case the exam

note from 9/2/14 does not demonstrate any proximal thigh functional limitations to warrant a commode postoperatively. Therefore the request is not medically necessary.