

Case Number:	CM14-0021697		
Date Assigned:	05/05/2014	Date of Injury:	06/01/2010
Decision Date:	07/09/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/20/2014

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 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:

The patient is an employee of [REDACTED] and has submitted a claim for left knee pain associated with an industrial injury date of June 1, 2010. The treatment to date has included medications, physical therapy, and knee arthroscopy for meniscal injury. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of aching, dull, sharp, non-radiating left knee pain, aggravated by climbing and descending the stairs, walking, and standing, with no relieving factors. Associated symptoms included crepitus, decreased mobility, joint instability, tenderness, and limping, locking, nocturnal pain, popping, and swelling. On physical examination, the patient's body mass index (BMI) was 32.28 kg/m². An examination of the left knee revealed neutral alignment with no ecchymosis, but mild effusion was noted on the lateral aspect of the joint. There was tenderness of the lateral and medial joint lines. Crepitation was also noted. Valgus stress was mildly positive. Range of motion was 0 to 110 degrees with pain. No motor deficits were noted. An x-ray of the bilateral knees dated January 16, 2014, revealed mild to moderate degenerative changes on the left knee and minimal on the right. The utilization review from February 10, 2014 denied the request for two (2) weeks of home health nurse visits, one (1) left total knee replacement, 21-day rental of a continuous passive motion unit, and twelve (12) postoperative physical therapy sessions, because guideline criteria were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH NURSE VISITS FOR TWO (2) WEEKS: 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 Chronic Pain Guidelines indicate that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than thirty-five (35) hours per week. The guidelines also indicate that medical treatment does not include homemaker services like shopping, cleaning, and laundry. In this case, the medical records failed to indicate whether the patient was homebound. In addition, the present request did not specify the number of hours of home health services to be rendered per week. The request is incomplete and there is no clear indication for the requested service; therefore, the request is not medically necessary.

ONE (1) LEFT TOTAL KNEE REPLACEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers' Compensation, Online Edition, Chapter: Knee and Leg, Knee joint replacement.

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 Chapter, Knee Joint Replacement.

Decision rationale: The Official Disability Guidelines state that the criteria for knee joint replacement include failure of conservative care; subjective findings of limited range of motion (<90 degrees for total knee replacement) and functional limitations; objective findings of age more than fifty (50) years and a body mass index (BMI) of 35 or less; and imaging findings of osteoarthritis. In this case, the medical records showed imaging findings of osteoarthritis and no relief from conservative care. However, the medical records revealed that the patient did not meet the age criteria and the left knee range of motion was from 0 to 110 degrees, which is greater than the guideline criteria. Furthermore, the medical report dated March 17, 2014, stated that the patient was already approved to have a total knee replacement. Therefore, the request is not medically necessary.

RENTAL OF A CONTINUOUS PASSIVE MOTION UNIT FOR TWENTY-ONE (21) DAYS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

TWELVE (12) POSTOPERATIVE PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.