MAXIMUS Federal Services

Case Number:	CM14-0024688		
Date Assigned:	06/11/2014	Date of Injury:	10/22/2002
Decision Date:	07/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/26/2014

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 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 70 year old female who sustained an injury on October 22, 2002. No specific mechanism of injury was noted. The injured worker has been followed for ongoing complaints of chronic low back and right knee pain. The injured worker has had a prior total knee replacement completed for the right knee; however, there were continuing complaints of severe pain postoperatively with limited range of motion. The injured worker had been considered for further reconstructive surgery regarding the right knee. The nurse case manager report from November 5, 2013 noted the injured worker was essentially home bound and was unable to perform any activities of daily living due to chronic pain. The injured worker relied on health assistance 5-8 hours per day, 5 days a week while her husband was working. The injured worker was also reported to have further requirements for health care providers due to her husband's declining health situation. A follow up on December 18, 2013 noted continuing complaints of right knee pain. Multiple medications were noted to include analgesics such as Percocet, muscle relaxers, anti-inflammatories, Ambien, and Lorazepam. The physical examination noted decreased strength and tone in the right knee with decreased range of motion present. A follow up on January 13, 2014 with treating physician noted the injured worker's right knee complaints had become worse despite multiple medications for pain. Due to the injured worker's inability to bear weight on the right lower extremity at any frequency and due to the injured worker's fall risks, she was home bound. Physical examination noted significant limited range of motion of the right knee with extension at 20-25 degrees with flexion limited to 90 degrees. Mild weakness was present in the right lower extremity and there was decreased sensation noted. The note did indicate the injured worker was not on pain medications for several months and was declining in her ability to function. Percocet was restarted at this evaluation. The injured worker was also continued on Celexa 40mg at this evaluation. The injured worker was

seen for follow up on February 10, 2014 with [redacted]. No changes in the injured worker's symptoms were noted. There was a recent fall history, 2-3 times in the last 2 weeks. Anxiety and depression symptoms as well as insomnia are noted. The physical examination was unchanged. Percocet was continued at this evaluation. The requested home health aide 8 hours per day, 5 days a week for 12 weeks with further RN evaluations was denied by utilization review on December 18, 2013. Other requests include an orthopedic consult for the right knee and Lorazepam 1mg, quantity 180 were denied on unspecified dates.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC CONSULTATION, SECOND (2ND) OPINION FOR KNEE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, pages 127 and Non-MTUS Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, pages 132.

Decision rationale: In regards to the request for an orthopedic consult for the right knee, this reviewer would have recommended this request as medically necessary. The injured worker is noted to have had a previous right total knee replacement performed; however, the most recent physical examination findings noted persistent and substantial loss of range of motion with a 20-25 degree extension lag and flexion limited to 90 degrees. Ongoing weakness was present on physical examination. Given the injured worker's substantial loss of right knee range of motion and ongoing severe pain, this reviewer would have recommended further orthopedic consult for the right knee at this point in time.

HOME HEALTH AIDE EIGHT (8) HOURS PER DAY, FIVE (5) DAYS A WEEK, TIMES TWELVE (12) WEEKS, RN EVAL PRIOR TO END OF CARE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, Home Health Services.

Decision rationale: In regards to the requested home health aide 8 hours per day, 5 days per week for 12 weeks with an ongoing RN evaluation, this reviewer would have recommended this request as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The injured worker is noted to be essentially non-

functional due to chronic pain in both the low back and right knee. There are substantial fall risks for the injured worker with the most recent documentation noting recent falls at a frequency of 2-3 falls every 2 weeks. Due to the injured worker's significant loss of range of motion of the right knee and ongoing chronic pain, she is essentially home bound per the nurse case manager reports. Given this level of dysfunction due to chronic pain and limitations in the right knee, this reviewer would have recommended ongoing home health care aides 8 hours per day, 5 days a week for 12 weeks with further RN evaluations to come.

LORAZEPAM 1MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: In regards to the request for Lorazepam 1m, quantity 180, the clinical documentation submitted for review did not support this medication as medically necessary. Although this was a listed medication for the injured worker, there is no documentation regarding its efficacy in terms of addressing anxiety or insomnia. The injured worker was also utilizing Ambien as a sleep aid per the clinical records. Current evidence based guidelines do not recommend long term use of Benzodiazepines as there is no evidence in the clinical literature supporting their long term use. Without specific functional benefits attributed to the use of this medication in regards to anxiety or insomnia, this reviewer would not have recommended the request.