MAXIMUS Federal Services

Case Number:	CM14-0034987		
Date Assigned:	06/25/2014	Date of Injury:	04/04/2011
Decision Date:	08/05/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/20/2014

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:

This 61-year-old male truck driver sustained an industrial injury on 4/4/11. Injury occurred when he fell off a flatbed truck, landing on his shoulder and knee. Right knee arthroscopy was performed 9/2/11. He underwent left knee arthroscopy with medial meniscectomy, microfracture of the medial femoral condyle, excision loose body, synovectomy and chondroplasty on 8/2/13. Conservative treatment included activity modification, medications, physical therapy, and injection therapy. The 2/24/14 treating physician progress report cited persistent left knee pain and increased right knee pain. Physical exam documented left knee varus deformity 5-7 degrees, no laxity, medial joint line tenderness, and mildly antalgic gait. Range of motion was 0-120 degrees. X-rays were obtained and showed near complete joint space loss medially in both knees, left worse than right. The treatment plan requested repeat Orthovisc injections for the right knee and repeat MRI with contrast for further evaluation. The 3/7/14 utilization review denied the request for 6 post-op home health physical therapy/occupational therapy (PT/OT) visits and 4 visits of home health nursing as there was no evidence that the patient could not attend outpatient services. The request for repeat MRI was denied as there was already evidence of end-stage osteoarthritis. The 3/10/14 appeal letter stated that the patient will be homebound for two weeks after the total knee arthroplasty and will require PT/OT 3x2. The home health nurse is required for blood draws 2x2, as well as wound checks and dressing changes. The right knee MRI was recommended to assess the cartilage repair post-surgically.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 post op home health PT/OT 3x2 weeks (6 visits): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Chronic Pain Treatment Guidelines Page(s): 51,Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter.

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 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. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound. Guideline criteria have been met. The medical necessity of post-operative PT in the home setting is consistent with guidelines following total knee arthroplasty for the initial 2 weeks while the patient is expected to be home bound. The request for 6 home health PT/OT is within guideline recommendations for an initial course of care. A request for outpatient physical therapy x 12 visits was previously authorized. The total authorized care remains within the general course recommendations. Therefore, this request for 6 post op home health PT/OT 3x2 weeks (6 visits) is medically necessary.

In patient stay hospital 1-2 nights: Overturned

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

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, Hospital length of stay (LOS).

Decision rationale: Under consideration is a request for inpatient length of stay. The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended mean and best practice target for a total knee arthroplasty is 3 days. The 3/7/14 utilization review partially certified the request for 1 to 2 nights of inpatient hospital stay to 1 to 2 days. The original request was within guideline recommendations. Therefore, this request for inpatient hospital stay 1-2 nights is medically necessary.

Post OP home health nursing for 2x2 for blood draws: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

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. Records indicate that the patient will be home bound for 2 weeks. A total of 4 post-operative home health nursing visits for blood draws and to allow for wound checks and dressing changes is consistent with guidelines. Therefore, this request for post-op home health nursing for 2x2 for blood draws is medically necessary.

Repeat MRI of the knee with contrast for further evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg chapter.

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, MRI's (magnetic resonance imaging).

Decision rationale: The California MTUS does not provide imaging recommendations in chronic knee complaints. The Official Disability Guidelines recommend the use of repeat knee MRIs in the postsurgical patient if needed to assess knee cartilage tissue repair. Guideline criteria have not been met. There is a report of increased right knee pain with x-ray findings of progressive, near complete, medial joint space loss. The patient has previously responded to viscosupplementation which is currently certified. There is no compelling reason to support the medical necessity of an MRI relative to the current treatment plan. Therefore, this request for repeat MRI of the knee with contrast for further evaluation is not medically necessary.