

<b>Case Number:</b>	CM14-0037255		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/29/2004
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 case involves a 54-year-old, who sustained injuries to the left knee in a work-related accident on 1/29/04. The clinical records for review document that the claimant failed a significant course of conservative care including surgical arthroscopy and currently has a diagnosis of end stage degenerative arthritis. On 2/10/14, the claimant underwent a left total knee arthroplasty. The follow-up report after surgery dated 2/28/14, notes only occasional pain, that the claimant is ambulating well, and has begun a course of formal physical therapy. The report recommended continuation of home health services for an unspecified amount of time and continuation of Vicodin, #40, every four to six (4-6) hours as needed for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN 5/500MG #40 BY MOUTH EVERY FOUR TO SIX (4-6) HOURS, AS NEEDED FOR PAIN:** Overturned

**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 Opioids, Criteria for Use; Opioids, specific drug list, Hydrocodone/Acetaminophen Page(s): 76-80 and 91.

**Decision rationale:** The Chronic Pain Guidelines indicate that the continued use of Vicodin would be indicated. Hydrocodone/acetaminophen is recommended for moderate to moderately severe pain. The guidelines also indicate that the use of opioids should be part of a treatment plan that is tailored to the patient. At the time of the request, the claimant was less than three (3) weeks post a total knee arthroplasty. The use of this short-acting narcotic analgesic would be appropriate at this stage in the claimant's post-operative course of care is assist with comfort and activity tolerance. The request is medically necessary.

**HOME HEALTH CARE THREE (3) TIMES PER WEEK (UNKNOWN DURATION):**  
Upheld

**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 Chronic Pain Guidelines do not support the continued use of home health services for an unspecified length of time. The 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 35 hours per week. At the time of the request, the claimant individual was three (3) weeks following the time of surgery with demonstration of improved function in both gait and strength. While an initial use of home health would have been supported following joint arthroplasty, the request for continuation of home health services at an unspecified duration for this claimant, who is making advancements in terms of function and strength, would not be indicated as medically necessary.