

Case Number:	CM14-0038737		
Date Assigned:	06/27/2014	Date of Injury:	11/03/1998
Decision Date:	09/16/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/02/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 51 year old employee with date of injury of 11/3/1998. Medical records indicate the patient is undergoing treatment for status-post repeat right total knee arthroplasty and complete synovectomy with tibial liner exchange in 1/2014. He is status-post right total hip arthroplasty with two subsequent revisions and an open reduction internal fixation of his femur. He is status-post right total knee arthroplasty approximately six years ago. Subjective complaints include pain in both knees. The left knee feels better than the right since he is post liner changes and synovectomy. His right knee feels "loose" especially upon flexion. The patient has had mechanical falls with instability. Objective findings include tenderness to the knees, medial joint line, and medial patellar retinaculum. X-rays demonstrated stable hardware in relationship to the osseous structure in each region. Despite the patient's complaint of "loose" feeling in his knee, there is no slippage or loosening of the hardware. Treatment has consisted of PT; and a 7 day visit to an acute rehab facility. The utilization review determination was rendered on 3/26/2014 recommending non-certification of bilateral knee aqua therapy 1-2X6-8wks and House modification bathroom and stairwell for access.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee aqua therapy 1-2X6- 8wks: 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, Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Aquatic Therapy.

Decision rationale: The MTUS Chronic Pain Guidelines recommend aqua therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Per medical records submitted and reviewed, there is nothing to suggest that the patient has failed land based therapy. The treating physician has not provided medical documentation to meet MTUS guidelines at this time. The request for Bilateral Knee Aqua Therapy 1-2X6- 8wks is not medically necessary and appropriate.

House modification bathroom and stairwell for access: 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, 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, Durable Medical Equipment (DME).

Decision rationale: ODG states, "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature". ODG defines DME as equipment which:(1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) is appropriate for use in a patient's home. (CMS, 2005). The treating physician notes that the patient needs house modifications of the stairwell to get access to his house. However, the treating physician has not provided documentation to meet the above ODG guidelines and how these house modifications are due to his medical diagnoses. As such the request for House Modification Bathroom and Stairwell for access is not medically necessary.