

<b>Case Number:</b>	CM14-0049904		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/08/2006
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 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 55-year-old male who reported an injury on 06/08/2006. The mechanism of injury was not stated. The injured worker previously underwent a left total knee arthroplasty, which subsequently became infected, requiring removal and placement of an antibiotic spacer. The current diagnosis is retained left knee antibiotic cement spacer. The injured worker was evaluated on 03/21/2014 with complaints of persistent knee pain. Physical examination only revealed a healed anterior incision with intact sensation. X-rays obtained in the office on that date indicated a retained antibiotic cement spacer. It is noted that the injured worker underwent left knee aspiration, which could not be sent for analysis. Treatment recommendations at that time included removal of the cement spacer and revision total knee arthroplasty with possible reimplantation of a cement spacer based on intraoperative findings. A Request for Authorization form was then submitted on 03/31/2014 for the revision left total knee arthroplasty, 3 day inpatient stay, medical clearance, in home physical therapy 3 times per week times 2 weeks, home health care evaluation, and durable medical equipment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In home physical therapy three times per week for two weeks, six visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition Web 2014, Knee, Home health services.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 25-26.

**Decision rationale:** The MTUS Postsurgical Guidelines state the initial course of therapy means 1-half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a knee arthroplasty includes 24 visits over 10 weeks. Although it is noted that the injured worker has been issued authorization for left total knee arthroplasty, there is no indication that this injured worker would be home-bound following surgery and unable to participate in outpatient physical therapy. As such, the request is not medically necessary and appropriate.

**In home registered nurse for in home evaluation, medication uptake and vitals:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition Web 2014, Knee, Home health services.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state home health services are recommended for otherwise recommended medical treatment for patients who are home-bound on a part-time or intermittent basis, generally up to no more than 35 hours per week. As per the documentation submitted, there is no indication that this injured worker will be home-bound following surgery. The total duration of treatment was also not listed in the request. As such, the request is not medically necessary and appropriate.

**Continuous passive motion 21 day rental:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition Web 2014, Knee, CPM.

**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, Continuous Passive Motion.

**Decision rationale:** The Official Disability Guidelines recommend continuous passive motion in the acute hospital setting for no more than 21 days following a total knee arthroplasty. The injured worker has been issued authorization for a left total knee arthroplasty revision. The current request for a 21 day rental of a continuous passive motion device does fall within the guideline recommendations. As such, the request is medically necessary and appropriate.

**Cold therapy unit, 21 day rental:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition Web 2014, Knee, Continuous Cryotherapy.

**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, Continuous Flow Cryotherapy.

**Decision rationale:** The Official Disability Guidelines recommend the use of continuous flow cryotherapy is recommended for up to 7 days following surgery. The current request for a 21 day rental exceeds the guideline recommendations. As such, the request is not medically necessary and appropriate.