

Case Number:	CM14-0050516		
Date Assigned:	06/25/2014	Date of Injury:	10/02/2008
Decision Date:	08/07/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	03/24/2014

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 Internal Medicine and is licensed to practice in Maryland and the District of Columbia. 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 employee was a 40-year old woman who was being treated for right knee pain, lumbar facet joint arthropathy, right knee osteoarthritis and internal derangement. Her date of injury was 10/02/08. The mechanism of injury was right knee pain while pushing a dolly. Her prior treatment included Physical therapy, NSAIDs and oral medications as below. Her medications included Norco, Naprosyn and Carisoprodol. Her past history was significant for asthma, right knee arthroscopy three times, C-sections and osteoarthritis of knee. Evaluation and treatment included MRI of lumbar spine in 2013, lumbar facet joint medial branch block, MRI knee, Physical therapy and medications. Her most recent notes from 02/19/14 reported pain in lower back and knee. She had been seen by QME who agreed to joint replacement as well as lumbar surgery. Her knee complaints included limping, buckling, popping and clicking. On examination, she was found to have tenderness along both knee joints medially and laterally on the right side. She had McMurray's test positive, positive anterior drawer's test, positive compression test and negative Lachman's test. MRI of knee in December 2013 demonstrated chondromalacia of the patella with small joint effusion. Her diagnoses included internal derangement of the knee on the right status post previous surgical intervention. A request was submitted for total knee replacement of the right knee, preoperative clearance, CBC, chemistry panel, EKG, chest x-ray, post operative medications, in home phlebotomy for first 2 weeks after surgery (3 times a week) and biweekly PTT (Partial thromboplastin time) and INR (International normalized ratio).

IMR ISSUES, DECISIONS AND RATIONALES

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

IN-HOME PHLEBOTOMY FOR FIRST 2WKS (3X PER WK): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES/HOME HEALTH SERVICES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Home Health Services and Other Medical Treatment Guideline or Medical Evidence: Center for Medicare Services, Home Health Services.

Decision rationale: The employee was being treated for lumbar pain as well as knee pain with instability. She had failed conservative treatment including Physical therapy, NSAIDs, Opioids, arthroscopies of knees and topical analgesics. A QME (Qualified Medical Evaluation) done in 2014 recommend a total knee replacement. But the last MRI showed chondromalacia patella and there are no available standing x-rays. A request was submitted for total knee arthroplasty along with preoperative clearance and post operative INR testing. The submitted records don't show that the employee has already had the knee replacement. There was also one non certification available for the total knee arthroplasty. According to MTUS chronic pain guidelines and Official Disability guidelines, home health services are recommended only 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. According to CMS (Centers for Medicare Services) guidelines, blood draws for labs are covered only if any skilled services such as nursing or PT/OT/ST are also being utilized by the client. Blood draws for labs are not covered by Medicare as standalone services. In this particular scenario, the joint arthroplasty has not been certified. There is no evidence that the surgery has already taken place and also there is no indication that the employee is receiving any home health services like nursing, PT/OT. Hence the request for standalone home phlebotomy services is not medically appropriate and necessary per the guidelines.