

Case Number:	CM14-0056415		
Date Assigned:	07/09/2014	Date of Injury:	11/26/2013
Decision Date:	08/08/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/25/2014

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 Orthopaedic 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 58-year-old male driver sustained an industrial injury on 11/26/13, relative to his regular work duties. Past medical history was positive for bilateral knee pain since 2012. Past surgical history was positive for right anterior cruciate ligament reconstruction in 1989 and 1991. The 3/13/14 treating physician progress report cited moderate to severe bilateral knee pain, worse with walking. Bilateral knee exam documented medial and lateral joint line pain, no effusion, right range of motion 0-113 degrees, left range of motion 0-115 degrees, and stable to varus/valgus stress bilaterally without pain. Bilateral knee x-rays showed end-stage, bone-on-bone arthritis in the medial and patellofemoral compartments, and moderate laterally. The patient had completed all reasonable non-surgical care with limited activities of daily living. Bilateral knee replacements, one week apart, were recommended. Additional post-operative services and durable medical equipment were requested. The 3/27/14 utilization review approved the bilateral total knee replacements. The non-specific request for home physical therapy was approved for 3 visits following each surgery. Twelve visits of out-patient physical therapy were also approved. The request for a continuous passive motion machine was approved for 17 days of use for each surgery. Admission to a skilled nursing facility was denied as there was possible necessity but medical necessity would not be known until after the surgery had taken place. The peer-to-peer documentation indicated agreement with the provider regarding the utilization review modifications and denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: MTUS Guidelines recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. The 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. Guideline criteria have been met for physical therapy. Under consideration is a request for home physical therapy with no stated frequency/duration. The 3/27/14 utilization review documented agreement with the provider for 3 visits of home physical therapy following each surgery with 12 additional physical therapy visits certified for outpatient care. There is no compelling reason to support the medical necessity of additional home physical therapy beyond that which was already certified. Therefore, the request for home physical therapy is not medically necessary.

Skilled nursing facility admission up to 1 week: 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, Skilled nursing facility (SNF) care.

Decision rationale: The Official Disability Guidelines provide specific indications for this level of care. Skilled nursing admission is recommended if necessary for patients who have undergone total knee replacement and were hospitalized for at least 3 days. Length of stay is recommended for up to 10 to 18 days in a skilled nursing facility, depending on the degree of functional limitation, on-going skilled nursing and/or rehabilitation care needs, patient ability to participate with rehabilitation, and documentation of continued progress towards goals. Guideline criteria have been met. This patient is approved for bilateral total knee arthroplasties. Admission to skilled nursing care has been opined as a possibility. The significant functional limitation anticipated for a patient undergoing bilateral knee replacements and physical therapy rehabilitation needs meet the criteria for admission. The requested length of stay is well within guideline recommendations. Therefore, this request for skilled nursing facility admission for up to one week is medically necessary.

Post Operative continuous passive motion machine: Upheld

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

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, Continuous passive motion (CPM).

Decision rationale: The Official Disability Guidelines recommended the use of continuous passive motion devices in the acute hospital setting for no more than 21 days following total knee arthroplasty. Guidelines support home use up to 17 days while the patients at risk of a stiff knee are immobile or unable to bear weight following a primary or revision total knee arthroplasty. Guideline criteria have been met for use of this device. The non-specific request for a continuous passive motion machine was modified and approved for 17 days of use following each surgery. Provider agreement with this modification is documented. There is no compelling reason to support the medical necessity of this device beyond guideline recommendations and the current certification. Therefore, this request for post-operative continuous passive motion machine is not medically necessary.