

Case Number:	CM14-0058813		
Date Assigned:	09/03/2014	Date of Injury:	07/02/2010
Decision Date:	09/30/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/29/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 42-year-old female who reported an injury on 07/02/2010 due to an unknown mechanism of injury. The injured worker had a history of left knee pain. The injured worker had a diagnosis of end-stage left knee osteoarthritis and right total knee arthroplasty. The prior surgery included a status post right total knee replacement. The diagnostics included an x-ray of the right knee that revealed no migration, loosening or substance. The prior treatments included physical therapy twice a week for 6 weeks and pain medication. The medications included Percocet 10/325 mg with a reported pain of 3/10. Physical examination of the right knee included a well-healed incision, sensation was intact distally, and 2+ dorsalis pedis and posterior tibial pulses, negative Homan's test, no calf tenderness, left range of motion was 0 to 90 degrees with pain throughout arc of motion. Compartments were soft bilaterally. Right knee range of motion was 0 to 110 degrees. The injured worker walked with antalgic gait. The Request for Authorization dated 09/03/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

In Home RN Eval Medication Intake and Vitals (Unspecified Frequency and Duration):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health.

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

Decision rationale: The request for in-home RN evaluation medication intake and vital signs (unspecified frequency and duration) is not medically necessary. The California MTUS states home health services are recommended only for patients who are homebound and who are in need of part time or "intermittent" medical treatment of up to 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The guidelines indicate that home health services are recommended for the injured worker that is home bound and who are in need of part time or intermittent medical treatment of up to 35 hours per week. The request is to assist with medication intake, per the documentation, the only medication that the injured worker is taking is Percocet and the injured worker is 3+ months post-op. The request did not indicate the frequency or the duration. As such, the request is not medically necessary.

DME: 2 Pairs of Ted Hose Stockings: Upheld

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

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 Complains, Compression Stockings.

Decision rationale: The request for DME 2 pairs of Ted Hose Stockings is not medically necessary. The California MTUS/ACOEM does not address this. The Official Disability Guidelines indicate that there is good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. Low levels of compression 10-30 mmHg applied by stockings are effective in the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT). High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema. The clinical notes indicate that the injured worker is 3+ months postoperative. The guidelines indicate that levels of compression stockings are effective in management of telangiectases or sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis. The clinical note did not indicate that the injured worker had any diagnosis of the above. As such, the request is not medically necessary.

DME: 21-Day Rental of Cold Therapy Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

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 Complaints, Continuous-flow Cryotherapy.

Decision rationale: The frequency for DME 21-day rental Cold Therapy Unit is not medically necessary. The California MTUS and ACOEM do not address this. The Official Disability Guidelines recommend as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. The physical findings of the clinical notes did not indicate that the injured worker had proven to have any inflammation and swelling. The guidelines indicate for acute injuries, the injured worker is 3+ months postoperatively. As such, the request is not medically necessary.