

<b>Case Number:</b>	CM14-0062894		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/21/2011
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 74-year-old male with a reported date of injury on 01/21/2011. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include status post right total knee replacement and severe right knee osteoarthritis. The progress note dated 03/06/2014 revealed the injured worker complained of knee pain. The physical examination revealed medial joint line tenderness, pain with hyperflexion and 4+ patellofemoral crepitus. The progress note dated 03/27/2014, revealed the injured worker was having difficulty with pain management and home healthcare and therapy had not been authorized. Physical examination revealed the incision to be clean and dry, neurovascular examination was intact and the range of motion was from 0 degrees to 90 degrees. The provider indicated the injured worker would be participating in therapy on an outpatient basis. The progress note dated 04/10/2014, revealed the injured worker was doing very well. The physical examination revealed range of motion of the knee to be near full and he had excellent stability, no effusion and no joint line tenderness. The progress note dated 05/08/2014, revealed the injured worker was doing very well. The physical examination revealed range of motion of his knee to be near full with no effusion or joint line tenderness. The Request for Authorization form was not submitted within the medical records. The request was for a front wheel walker, bedside commode, case management consultation and postoperative home physical therapy for postoperative needs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Front Wheel Walker: Upheld**

**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, Walking Aids.

**Decision rationale:** The request for a front wheel walker is non-certified. The injured worker had right knee surgery 03/2014. The Official Disability Guidelines recommend walking aids for patients with knee pain. The disability, pain and age related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. There is evidence that a brace has additional benefit for knee osteoarthritis compared with medical treatment alone, a laterally wedged insole decreases NSAID intake compared with a neutral insole and patient compliance is better in the laterally wedged insole compared with a neutral insole, and a strapped insole has more adverse effects than a lateral wedge insole. Contralateral cane placement is the most efficacious for persons with knee osteoarthritis. In fact, no cane use may be preferable to ipsilateral cane usage as the latter resulted in the highest knee moments of force, a situation which may exacerbate pain and deformity. Assistive devices for ambulation can reduce pain associated with osteoarthritis. Frames or wheeled walkers are preferable for patients with bilateral disease. There is a lack of documentation regarding current walking aid utilized by the injured worker. The physician indicated the injured worker was doing well and had almost full range of motion; however, there is lack of documentation regarding current walking in regard to a cane or walker and, therefore, a front wheel walker is not appropriate at this time. The injured worker's surgery was 6 months ago and there is lack of documentation regarding functional deficits or pain to warrant a front wheel walker. Therefore, the request is non-certified.

### **Bedside Commode: Upheld**

**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, Durable Medical Equipment.

**Decision rationale:** The request for a bedside commode is non-certified. The injured worker had knee surgery in 03/2014. The Official Disability Guidelines recommend durable medical equipment generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. 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 to prevent injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bedpans, etc) are medically

necessary if a patient is bed or room confined and devices such as raised toilet seats, commode chairs, Sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection or conditions that result in physical limitations. There is lack of documentation regarding the functional deficits to warrant a bedside commode. The injured worker had surgery 6 months ago and the documentation submitted indicated the injured worker was doing well and had nearly full range of motion to his knee. Therefore, due to the lack of documentation regarding functional deficits, a bedside commode is non-certified. Therefore, the request is non-certified.

**Case Management Consultation: Upheld**

**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 Other Medical Treatment Guideline or Medical Evidence: ACOEM 2nd Edition American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 6, page 163.

**Decision rationale:** The request for a case management consult is non-certified. The injured worker had knee surgery 03/2014. The CA MTUS/ACOEM Guidelines state that, if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in advisory capacity that may sometimes take full responsibility for investigating and/or treating an injured worker with the doctor/patient relationship. There is lack of documentation regarding the need or request for case management to evaluate. Additionally, the injured worker's surgery was 6 months ago and a case management consult is not appropriate at this time. Therefore, the request is non-certified.

**Post-Op Home Physical Therapy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for postoperative home physical therapy is non-certified. The injured worker had total knee replacement performed 03/2014. The California Chronic Pain Medical Treatment Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part time or intermittent basis, generally up to no more than 35 hours per week. The Postsurgical Treatment Guidelines

for postsurgical treatment of knee arthroplasty is 24 visits over 10 weeks and postsurgical physical treatment period of 4 months. The documentation provided indicated the injured worker received physical therapy on an outpatient basis. There was a lack of documentation regarding the injured worker to be homebound and the request failed to provide the number of sessions to be utilized by home based physical therapy. Therefore, the request is non-certified.