

Case Number:	CM14-0065389		
Date Assigned:	07/11/2014	Date of Injury:	10/07/2009
Decision Date:	09/16/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/08/2014

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, has a subspecialty in Pain Medicine 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 59 year old male whose date of injury is 10/07/2009. The mechanism of injury is not described. The injured worker is status post left total knee replacement. The injured worker underwent surgery 2 times in 2013 including manipulation under anesthesia on 10/21/13 and total knee replacement on 08/26/13. A local injection was performed at the trochanteric bursa on 03/14/14. The submitted records indicate that a surgical request for left knee open removal of scar tissue and poly exchange was not medically necessary as were requests for postoperative physical therapy and home health care.

IMR ISSUES, DECISIONS AND RATIONALES

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

14 Sessions In home post operative physical therapy for 2 weeks for the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: Based on the clinical information provided, the request for 14 sessions in home postoperative physical therapy for 2 weeks for the left knee is not recommended as

medically necessary. The submitted records indicate that a surgical request for left knee open removal of scar tissue and poly exchange was not medically necessary. Therefore, the request for postoperative physical therapy is not medically necessary. Medical necessity is not established in accordance with California Medical Treatment Utilization Schedule Post-surgical Treatment guidelines.

14 session of in home health for 2 weeks for the left knee: Upheld

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

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

Decision rationale: Based on the clinical information provided, the request for 14 sessions of in home health for 2 weeks for the left knee is not recommended as medically necessary. The submitted records indicate that a surgical request for left knee open removal of scar tissue and poly exchange was not medically necessary. The submitted records fail to establish that the injured worker is homebound on a part time or intermittent basis as required by California Medical Treatment Utilization Schedule guidelines for home health services. Therefore, medical necessity is not established.