

<b>Case Number:</b>	CM14-0067739		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/31/2007
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Orthopedic Surgeon 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:

The injured worker is a 57-year-old male who reported injury on 07/31/2007. It was indicated the injured worker was approved for a right total knee replacement with 3 day hospital stay, preoperative medical clearance, postoperative physical therapy, a home RN visit, front-wheel walker, x-rays and Coumadin. The mechanism of injury was a trip and fall. Prior treatments were not provided. There was no DWC form, Request For Authorization or PR2 submitted for the requested procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee CT scan:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and Leg (updated 03/31/14) Computed tomography (CT).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**Decision rationale:** The ACOEM Guidelines indicate that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The clinical documentation submitted for review failed to provide documented rationale for the

requested procedure. Given the above, the request for right knee CT scan is not medically necessary.

**Physical Therapy x 1 before surgery: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines : Knee & Leg (updated 03/31/14) Physical Medicine treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): page 98, 99.

**Decision rationale:** The California MTUS Guidelines recommend physical medicine for myalgia and myositis. It is recommended. The request as submitted failed to indicate the body part to be treated with physical therapy. Given the above, the request for physical therapy x1 before surgery is not medically necessary.

**Home RN 2-3x/week for 4 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (updated 03/31/14) Home health services.

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

**Decision rationale:** The California MTUS Guidelines indicate that home health services are recommended only for injured workers who are homebound and who are in need of part-time intermittent medical treatment of up to 35 hours per week. Medical treatment does not include homemaker services such as shopping, cleaning, laundry and personal care from a home health aide. There was no DWC form, Request For Authorization or documented rationale for the requested visits. Given the above, the request for home RN 2 to 3 times a week for 4 weeks is not medically necessary.

**Front wheel walker, and 3-n-1 commode & cane: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (updated 03/31/14) Walking aids, Durable Medical Equipment (DME).

**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 chapter, Walking Aids, Durable medical equipment (DME).

**Decision rationale:** The Official Disability Guidelines indicate that walking aides are appropriate dependent upon disability pain and age related impairments. The clinical

documentation submitted for review indicated the injured worker was approved for a surgical intervention. However, there was no DWC form, Request For Authorization or PR2 submitted with the request. The request for the front-wheel walker and cane would not be supported. The Official Disability Guidelines indicate that certain durable medical equipment items are necessary if the injured worker is bed confined or room confined. There was no clinical documentation submitted for review to support the request. This portion of the request would not be medically necessary. Given the above, the request for front-wheel walker and 3 in 1 commode and cane is not medically necessary.

**In-office post-op Physical Therapy x1 & x-ray: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (updated 03/31/14) Radiography (x-rays).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**Decision rationale:** The California MTUS PostSurgical Treatment Guidelines indicate the postsurgical treatment for an arthroplasty is 24 visits and the initial care is half the number of visits recommended. This request for physical therapy would be supported for 12 visits if there was accompanied documentation. There was no DWC form, Request For Authorization or PR2 submitted with the request. The ACOEM Guidelines indicate that knee radial radiographs are appropriate following trauma. The request as submitted failed to indicate the body part to be x-ray. There was lack of documentation indicating the body part to be treated with postoperative physical therapy. There was no DWC form, Request For Authorization or PR2 submitted for review. Given the above, the request for an office postop physical therapy x1 and x-rays not medically necessary.