

Case Number:	CM14-0072647		
Date Assigned:	07/16/2014	Date of Injury:	08/10/2011
Decision Date:	09/17/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/19/2014

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 Emergency Medicine 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 patient has a reported date of injury on 11/4/2011 (reported other dates on record). Mechanism of injury is reportedly from cumulative injuries. Other related work related injuries also include a fall with brachial plexus injury in 2008 and right knee pain while loading boxes into her vehicle in 6/15/11 and on 8/10/11 injured in her left knee while walking down stairs. Patient also has reported prior injury in 1976 from pedestrian motor vehicle accident leading to residual back pains. Patient has had several falls due to legs giving out leading to other injuries. Patient has diagnosis of right total knee arthroplasty; left knee arthroscopic surgery; bilateral knee surgeries; internal derangement of left knee; chronic low back pain, lumbar radiculopathy; repetitive stress injury to cervical spine, bilateral upper extremity and lumbar spine; cervical and lumbar degenerative disc disease; cervical radiculopathy; arthritis of hands; right shoulder impingement syndrome and left 4th metacarpal fracture. Patient had a laminectomy (L4-5) in 1981, multiple surgeries to both knees for meniscal tears and foot surgery and thumb surgery. Patient had right knee total knee arthroplasty in 6/2013. Patient is post left knee total knee replacement on 2/24/14. Medical records were reviewed. Over 1200 pages of documents were sent for review including every piece of documentation from hospital stay for knee surgery and multiple redundant copies of same progress notes. Only the relevant documentations related to the claim was reviewed. Last report available until 5/2/14. Patient now has persistent left knee pain since surgery but is improving. Pain is constant and worse with walking or climbing stairs. Patient also has complaints of low back pains and bilateral hand pain. Patient reports decreasing activity. Had a fall 1.5 weeks prior to office visit on 5/2/14 injuring left knee and thigh. Report dated 5/2/14 reports that the patient has hired a home health aide herself for help. Objective exam reveals patient in pain. Antalgic gait. Lumbar spine exam reveals surgical scars, limited range of motion (ROM) especially with lateral bending and extension. Also noted is

paravertebral muscle pain bilaterally with L4 spinous process tenderness. Lumbar facet loading is positive on right side. Right shoulder exam reveals limited ROM with positive Hawkins, negative Neers. Hand exam reveals Bouchard's nodes over proximal index and middle fingers with limited ROM, right knee reveals healed surgical scar. Decreased ROM with some tenderness to lateral and medial joint line. Left knee reveals well healed incision; palpation with no pain; good ROM; stable knee. MRI of left knee (9/13) reveals large joint effusion, torn ACL, PCL strain, extrusion of lateral meniscus and medial meniscus tear. Lumbar spine MRI (11/13/13) reveals multi-level degenerative joint disease with L5-S1 9/6mm anterolisthesis with 7.6mm disc bulge and severe left foraminal stenosis. EMG/NCS 1/17/12) reveals right sided median neuropathy across wrist on right side Epidurogram (1/15/14) revealed good neurogram with stenosis at L4. Current medications include Prilosec, Oxycontin, Tylenol #4, Soma, Xanax, Norvasc, Prednisone, Celebrex, Kadian, Tramadol, Ambien and Lidoderm patches. Patient has received multiple back injections throughout the years, physical therapy and other modalities with minimal improvement. Independent Medical Report is for Home Health Care 4 hours/day for 2 days/week for 2 weeks and Physical Therapy 2/week for 6weeks. Request for service is dated 4/11/14. Prior UR on 4/22/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care 2 days per week for 4 hours x 2 weeks: Upheld

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

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

Decision rationale: There is no specific home therapy requested or statement except that patient is "less active." The requesting provider does not mention why a home health aid is needed. The note from 5/2/14 reports that the patient has hired someone herself. As per MTUS chronic pain guidelines, home health aide may be recommended for medical treatment in patients who are bed or home bound. However, the requesting physician has failed to provide documentation to support being home bound and in need for a home health aide. Note mentioning that the need for home health care is to perform ADLs (activities of daily living) which are "homemaker service" which is expressly not the services that home health services is for. Therefore, the request is not medically necessary.

Physical Therapy outpatient, 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 98.

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

Decision rationale: The patient had a reported left knee total knee replacement on 2/24/14. The request for physical therapy was done on 4/11/14, over 1.5 months after the surgery. There is no documentation by the provider of any physical therapy the patient underwent after the surgery. There is no documentation of whether this physical therapy request is for additional PT or whether this is an original PT request. As per MTUS Post-surgical guidelines, it allows up to 4 months of Physical Medicine after the surgery. The patient is within that timeline but due to the complete lack of any documentation concerning why PT was requested, if prior PT was attempted or if prior PT was effective at all, the provider has failed to provide the necessary information to approve the request. Therefore, the request is not medically necessary.