

<b>Case Number:</b>	CM14-0079803		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/31/1995
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Management and is licensed to practice in Tennessee. 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:

This is a 73 year old female with a 7/31/1995 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 4/30/14 noted subjective complaints of low back pain due to gait problems as a result of left knee pain. Objective findings included left knee diffuse swelling. There is tenderness to palpation diffusely of the left knee and decreased range of motion. It is noted that the patient is awaiting left knee surgery and has difficulty walking as well as occasional falls. It is noted that the patient presents with a walker and still falls for unclear reasons. Diagnostic Impression noted: lumbar sprain, bilateral leg radiculitis, and chondromalacia of patella. Treatment to date includes; medication management, prior surgery. A utilization review decision dated 5/13/14 denied the request for continued home health care for 12 hours per day for 7 days per week for 12 weeks. There is lack of documentation indicating the patient was homebound and in need of medical treatment up to 35 hours. It also denied the request for rollator walker with seat. It does not meet the DME guideline criteria. It also denied the request for Ultrasound-guided cortisone injection to the left knee. Conventional anatomic guidance by an experienced clinician is generally adequate. Ultrasound guidance for a knee joint injection is not generally necessary. It also denied the request for Norco 2.5/325mg #120. The clinical documentation submitted for review failed to indicate documentation of an objective improvement in function, decrease in Visual Analog Score (VAS) and evidence that the patient is being monitored for aberrant drug behavior.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Home Health Care for 12 hours per day for 7 days per week for 12 weeks:**  
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.

**Decision rationale:** CA MTUS states that "home health services are recommended 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. 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." However, in review of the documentation provided, there is no mention that the patient is homebound. The requested services are for 12 hour per week for 7 days per week. 84 hours is well beyond the recommended guidelines of no more than 35 hours per week. Therefore, the request for continued home health care for 12 hours per day for 7 days per week for 12 weeks is not medically necessary.

**Rollator Walker with Seat:** 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 & leg chapter.

**Decision rationale:** Official Disability Guidelines (ODG) state that "walking aids are recommended." In addition, the Medicare National Coverage Determinations Manual states that "Mobility Assistive Equipment is reasonable and necessary for personal mobility deficits sufficient to impair participation in mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home." (ODG) recommends a rolling walker for patients who cannot use crutches, standard walkers or other standard ambulatory assist devices. The provided documentation does note that the patient is having difficulty walking and has occasional falls. However, it also notes that she already has a walker. There is no clear documentation as to why a rollator walker would improve her situation. It is unclear why she would require a second walker. Therefore, the request for a Rollator walker with seat is not medically necessary.

**Ultrasound-guided cortisone injection to the left knee:** Overturned

**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 chapter and the Clinical utility of ultrasound guidance for intra-articular knee injections.

**Decision rationale:** (ODG) supports "corticosteroid injections for short-term use in the evaluation/management of patellofemoral injuries and/or osteoarthritis of the knee." Literature reviews suggest that ultrasound guidance notably improves injection accuracy in the target intra-articular joint space of large joints including the knee. Conventional palpation-guided anatomical injections frequently result in inaccurate needle placement into extra-articular tissue and adjacent structures. The enhanced injection accuracy achieved with ultrasound needle guidance directly improves patient-reported clinical outcomes and cost-effectiveness. The patient has both subjective and objective findings of knee degeneration to warrant management with corticosteroid injection. Ultrasound guidance improves outcomes, helps avoid complications, and is cost-effective. Therefore, the request for ultrasound-guided cortisone injection to the left knee is medically necessary.

**Norco 2.5 mg / 325 #120:** 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 Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS guidelines "do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." However, given the 1995 date of injury, the duration of opiate use to date is not clear. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary. CA MTUS guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 2.5 mg/325 #120 is not medically necessary.