

Case Number:	CM14-0086247		
Date Assigned:	07/25/2014	Date of Injury:	04/26/1999
Decision Date:	10/01/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/09/2014

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 Orthopaedic Surgery 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:

This 52-year-old male sustained an industrial injury on 4/26/99 when he fell off a ladder. He was status post anterior cruciate ligament reconstruction at the time of injury. He subsequently underwent partial medial and lateral meniscectomy. The 3/27/14 knee x-rays showed advanced tricompartmental osteoarthritis with retained internal fixation. The 4/25/14 treating physician report requested a total knee replacement and associated services. The 4/29/14 treating physician letter provided rationales for the associated requests for 8 visits of home health physical therapy, 8 to 12 visits of home health nursing, a pre-operative physical therapy evaluation, a cane, and one post-operative physical therapy visit. A pre-operative physical therapy visit was requested to ensure the patient was working on an appropriate home program of rehabilitation prior to surgery. Home health physical therapy was requested 2 times per week for the first four weeks as ambulation should be limited to no more than 50 at a time for the first six weeks. A visiting home nurse was requested to see the patient 2 to 3 times per week for the first 4 weeks (8-12 visits) after surgery to draw the patient's Protime and regulate the patient's Coumadin dose for five weeks after surgery. Following surgery, the patient would need a front wheel walker for ambulation for the first six to eight weeks, and a cane for ambulation for the following six to eight weeks. One post-operative physical therapy visit was requested at the time of the first in-office visit following surgery with no specific reason provided. The 5/27/14 utilization review certified a request for left total knee replacement. The request for pre-operative evaluation by a physical therapist was denied as there was no reason why the patient could not be instructed in the office for post-op exercises. Home health physical therapy 2x4 was denied as there was no indication that the patient would not be able to come to therapy after the first 2 weeks or perform home post-operative exercises. Post-operative physical therapy x 1 was denied, however records indicated that 12 post-operative visits had been approved. The request for home health nursing

visits was modified from 8 to 12 visits to 2 visits. The request for a cane was denied as a front wheeled walker was approved and the cane was not medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op evaluation by Physical Therapist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

Decision rationale: The California MTUS guidelines support a few visits with a physical therapist to educate the patient about an effective exercise program. In general, home exercise program development is a component of a general physical therapy regime. Guideline criteria have not been met. Previous physical therapy has been documented over an extended period of time. It would be expected that the patient would be fully versed in an appropriate home exercise program. The medical necessity of a pre-operative visit with another therapist to ensure the patient was working on an appropriate rehabilitation program before surgery is not established. Therefore, this request is not medically necessary.

Home Health PT x 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Home health services

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

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. Guideline criteria have not been met. This request is for 4 weeks of home health physical therapy. Although it is reasonable that a short course of home physical therapy over the first two weeks would be reasonable, there is no indication that the patient would be homebound beyond 2 weeks. Therefore, this request is not medically necessary.

Home health nurse visits x 8-12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Home health services

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

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. The 5/27/14 utilization review modified the request for home health nursing visits from 2 to 3 times per week for 4 weeks (8-12 visits) to 2 visits as there was no indication why the patient would not be able to go to an outpatient laboratory for necessary blood work. Although a short course of home health nursing would be reasonable, there is no indication that the patient would be homebound beyond two weeks. Therefore, this request is not medically necessary.

Cane: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: The California MTUS guidelines support the use of walking aids for partial weight bearing for patients with knee complaints. The Official Disability Guidelines state that cane use, in conjunction with a slow walking speed, lowers the ground reaction force, and decreases the biomechanical load experienced by the lower limb. Guideline criteria have been met. This patient is undergoing a total knee arthroplasty and will be using a walker for the first six to eight weeks post-operatively, followed by a cane. The availability of a cane to transition the patient from one assistive device to another as indicated is reasonable. Therefore, this request is medically necessary.

Post-op PT x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for knee arthroplasty suggest a general course of 24 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. Records indicate that post-op physical therapy was authorized for 12 visits, consistent with guidelines. There was no rationale provided to support the medical necessity of treatment beyond the currently certified care. Therefore, this request is not medically necessary.