

Case Number:	CM14-0183437		
Date Assigned:	11/10/2014	Date of Injury:	11/20/1995
Decision Date:	01/31/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/04/2014

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 Orthopedic 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 is a 72-year old female patient with a date of injury on 11/20/1995. In a progress note dated 9/16/2014, the patient complained of left knee pain. Other than knee pain, she had been feeling well. Objective findings: gait is antalgic, surgical scars on right and left knee, severe crepitation of left knee, 105 degrees flexion in right knee, 110 degrees flexion of left knee, 0 degrees extension on right knee, and 0 degrees extension on left knee. The diagnostic impression showed status post left knee arthroscopy. Treatment to date: medication management, behavioral modification, surgery, and physical therapy. A UR decision dated 10/27/2014 denied the request for Associated Surgical Service: Physical Therapy 3x8 weeks for left knee, Associated Surgical Service: Occupational Therapy 3x8 for left knee, Associated Surgical Service: Visiting RN 2x8, and Associated Surgical Service: Home Health Attendant 2x8. Regarding Physical Therapy for the left knee, the rationale provided regarding the denial was that although this patient underwent left total knee arthroplasty, there was no documentation provided noting functional deficits such as decreased range of motion or strength or how long this claimant was in acute rehab. Regarding occupational therapy 3x8 for the left knee, the rationale provided regarding the denial was that although this claimant underwent left total knee arthroplasty, there was no documentation provided noting functional deficits such as decreased range of motion or strength despite the claimant making good progress during acute rehab. Regarding visiting RN 2x8, the rationale provided regarding the denial was that the patient was noted to be moderately independent with transfers, ambulation with assistive device, and ADLs. However, there was no documentation why this claimant would require a RN visit. Regarding Home Health Attendant 2x8, the rationale provided regarding the denial was that this patient was noted to be moderately independent with transfers, ambulation with assistive device and ADLs. Furthermore, this

patient was noted to have a good support system at home to help with ADLs, preparing meals and household chores.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Physical therapy 3 times 8 weeks for left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS states that if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. 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. CA MTUS recommends 24 visits over 10 weeks for postsurgical treatment of knee arthroplasty, with a treatment period of 4 months. However, in the 9/16/2014 progress report, there was no discussion regarding the functional deficits and objective functional goals intended from physical therapy. Furthermore, a prior UR decision dated 9/22/2014 approved 12 post-operative physical therapy sessions for the left knee, and it was unclear why additional physical therapy sessions were being requested. Therefore, the request for physical therapy 3 times 8 weeks for left knee is not medically necessary.

Associated Surgical Service: Occupational therapy 3 times 8 for left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS states that if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. 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. CA MTUS recommends 24 visits over 10 weeks for postsurgical treatment of arthroplasty, with a treatment period of 4 months. However, in the 9/16/2014 progress report, there was no discussion regarding the functional deficits and objective functional goals intended from occupational therapy. Furthermore, a prior UR decision dated 9/22/2014 approved 12 post-operative physical therapy sessions for the left knee, and it was unclear why additional occupational therapy sessions were being requested. Therefore, the request for Associated Surgical Service: Occupational Therapy 3 times 8 weeks for left knee is not medically necessary.

Associated Surgical Service: Home Health Attendant 2 times 8: 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. However, in the 9/16/2014 progress report, there was no discussion regarding functional deficits that would require assistance. There was no evidence that this patient was homebound. Therefore, the request for Home Health Attendant 2 times 8 is not medically necessary.