

Case Number:	CM14-0197517		
Date Assigned:	12/05/2014	Date of Injury:	08/26/2011
Decision Date:	01/28/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/24/2014

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 80 year old female experienced a trip and fall resulting in severe pain in her right shoulder and both knees on 8/26/11. She initially continued to work and was eventually seen in a clinic where she was told she had a small fracture of her shoulder and bruising to her knees. Past significant history included previous right knee arthroscopy. She had physical therapy and medications to help with knee pain but she remained highly symptomatic. By 8/1/13 she has constant bilateral knee pain (9/10) that is aggravated with all activities; her low back pain is intermittent with pain level of 4-5/10 that is aggravated with prolonged standing and walking and her right shoulder pain level is 1-2/10 and is painful only at night if she lies on it too long. On physical exam her range of motion of bilateral knees is abnormal with crepitus around the medial compartments bilaterally with medial compartment tenderness on palpation. Radiographs (no date) of bilateral knees demonstrate bilateral knee osteoarthritis. She experienced moderate to severe trouble with completing certain activities of daily living and uses stairs with difficulty. She has failed conservative therapy, walks with a limp, she uses a cane for ambulation, sometimes a wheelchair for support and she is not working. She remains permanent and stationary and has reached maximum medical improvement. Psychologically (5/19/14) her pre-existing mild chronic depressive and anxious symptoms were exacerbated by chronic pain and physical limitations related to her orthopedic injuries. Her psychological condition has reached a permanent and stationary status. As of 8/28/14 her medications included amlodipine, aspirin, Ropinirole, Fenofibrate, Melatonin, Mobic and Tramadol. Her diagnoses include right shoulder comminuted fracture of the right humeral head with involvement of greater tuberosity (Computed tomography 10/6/11); right knee surgery (2007); healed bilateral knee contusions; bilateral knee arthrosis; psychological problems; gastrointestinal problems (improved) and sleeping problems. Requests for bilateral total knee arthroplasty and total knee replacements

were submitted. She remains permanently disabled. Of note, in 2013 authorization was obtained for bilateral total knee arthroplasty but the injured worker did not proceed with the surgery at that time. On 11/7/14 Utilization Review non-certified a request for possible inpatient rehab (x3-7 days) based on the request being not medically necessary at this time and when the injured worker is hospitalized the physician should contact the carrier if the service is deemed necessary during pre-discharge planning. Outpatient physical therapy was non-certified as this will be after receiving the at home physical therapy, the treating physician should document benefits from the approved physical therapy above, with documentation of objective benefit. Cold therapy unit for hospital and home use 30 day rental or purchase was non-certified but modified to times 3-7 days. MTUS and ODG were referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient rehabilitation, 3-7 days: 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), Skilled nursing facility (SNF) care; www.odg-twc.com/odgtwc/knee.htm

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, Skilled Nursing Facility.

Decision rationale: CA MTUS/ACOEM is silent on the issue of acute rehab or skilled nursing length of stay. According to the ODG, Knee and Leg, Skilled nursing facility LOS (SNF), "Recommend up to 10-18 days in a skilled nursing facility (SNF) or 6-12 days in an inpatient rehabilitation facility (IRF), as an option but not a requirement, depending on the degree of functional limitation, ongoing skilled nursing and / or rehabilitation care needs, patient ability to participate with rehabilitation, documentation of continued progress with rehabilitation goals, and availability of proven facilities, immediately following 3-4 days acute hospital stay for arthroplasty." The decision for acute rehab or skilled nursing facility will be dependent on the outcome following the knee replacement and objective criteria during the acute inpatient admission. As there is no evidence of the results of the rehab process during the inpatient admission, the request is not medically necessary.

Associated surgical service: outpatient physical therapy, 9 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Accelerated perioperative care and rehabilitative intervention

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

Decision rationale: Per the CA MTUS/Post-surgical treatment guidelines, page 24, up to 24 visits are authorized with initially recommended. Arthritis (Arthropathy, unspecified) (ICD9 716.9): Postsurgical treatment, arthroplasty, knee: 24 visits over 10 weeks; Postsurgical physical medicine treatment period: 4 months. As the request is less than the 12 visits initially recommended, the determination is medically necessary. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

Associated surgical service: cold therapy unit for the hospital and home use, 30 day rental or purchase: 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), Continuous flow cryotherapy

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, Continuous flow cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request exceeds the 7 days. Therefore the request is not medically necessary.