

Case Number:	CM14-0199916		
Date Assigned:	12/10/2014	Date of Injury:	08/26/2009
Decision Date:	02/04/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/01/2014

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:

59 year old male claimant with an industrial injury dated 08/26/09. Conservative treatments have included physical therapy, a brace, and multiple Euflexxa/Cortisone injections with no benefit. The patient is status post three right knee surgeries. X-ray of the right knee dated 10/23/14 reveals bone-on-bone medial compartment. It is noted that there is some patellofemoral arthritis along with patellofemoral arthritis laterally. Exam note 10/23/14 states the patient returns with right knee pain. The patient explains that the pain worsens when walking up hills, prolonged sitting, and walking on uneven ground. Upon physical exam the patient demonstrated an ambulated with unstable gait. There was evidence of skin and subcutaneous arthroscopic incisions. It is noted that there was 3+ medial and 1+ medial facet present. Exam reveals a 1+ Lachman as noted in the knee. Range of motion was noted as a complete extension but flexion was noted as 125°. The patient was able to move the hip freely and did not experience calf pain. Treatment includes a total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Vascutherm pneumatic compression therapy, 21 days rental, right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee & Leg

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: The California MTUS/ACOEM is silent on the issue of cryotherapy. According to the Official Disability Guidelines, 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 of 21 days exceeds the recommended amount of days. Therefore, this request is not medically necessary.

Associated surgical service: Back evaluation prior to total knee replacement to determine if a spinal is appropriate: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition, 2004 page 127 and Official Disability Guidelines - Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

Decision rationale: Per the California MTUS ACOEM 2004, Chapter 7, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case, the exam notes from 10/23/14 do not demonstrate any objective evidence or failure of conservative care to warrant a specialist referral. Therefore, this request is not medically necessary.

Associated surgical service: Purchase of a commode: 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 and Leg, DME toilet items

Decision rationale: The California MTUS/ACOEM is silent on the issue of commode. Per the Official Disability Guidelines, Knee and Leg, DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as a raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. In this case, the exam note from 10/23/14 does not demonstrate any functional limitations to warrant a commode postoperatively. Therefore, this request is not medically necessary.

Associated surgical service: Home health nursing, once weekly x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee and Leg

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are home-bound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration." There is no evidence in the records from 10/23/14 that the patient is home bound. There are no other substantiating reasons why home health services are required. Therefore, this request is not medically necessary.

Associated surgical service: In home physical therapy, 3 times a week, right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee and Leg

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, Home Health services.

Decision rationale: The California MTUS/ACOEM is silent on the issue of home physical therapy. According to the Official Disability Guidelines, Knee and Leg, home health services including physical therapy are only for medical treatment in patients who are home-bound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration." There is no evidence in the records from 10/23/14 that the patient is home bound. There is no other substantiating reason why home health physical therapy is required. Therefore, this request is not medically necessary.