MAXIMUS Federal Services

Case Number:	CM14-0205219		
Date Assigned:	01/29/2015	Date of Injury:	02/26/2003
Decision Date:	03/23/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York
Certification(s)/Specialty: Neurological Surgery

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 63 year old worker with a date of injury of February 26, 2003. The mechanism of injury is unknown. Documentation indicated arthroscopies in 2004. He underwent a left total knee replacement on 06/11/07. He continued to have knee pain treated with Darocet and Norco and a Dynasplint. His diagnosis was listed as painful left total knee arthroplasty. On his PR2 of 04/22/08 he could squat without pain, had negative anterior, posterior drawer tests, negative Lachman's, pivot shift, McMurrays and Slocums tests, flex 150 on the right and 130 on the left. His diagnosis was listed as painful left total knee arthroplasty. Notes stated that he underwent left knee surgery in 2003. On April 22, 2010, he complained of left knee pain described as an aching pain increasing in intensity with activities. He noted swelling, popping, grinding and occasional giving way of the left knee. Physical examination revealed joint line tenderness and patellar crepitation. Range of motion of the left knee was flexion 130 degrees. He had difficulty squatting but without pain. On May 13, 2014, CT scan revealed multilevel degenerative disc disease. The PR2 0f 5/21/2014 indicated a request for physical therapy to regain core strengthening of the lumbar spine. Exam showed flexion at 40 degrees, extension at 15 and lateral being of 25 on the right and 23 on the left. Straight leg raising was negative and motor strength was 5/5 with normal sensation. A request was made for posterior lumbar interbody fusions at L2-3, L3-4, L4-5 which was denied on 07/16/2014 On June 18, 2014, the injured worker complained of persistent pain in his lower back and limited range of motion. His low back pain was aggravated with prolonged activities including sitting, standing and walking. Physical examination revealed restricted range of motion of the thoracolumbar spine. His motor

examination was 5/5 and sensory examination revealed no dermatomal deficits. The straight leg raise examination was negative. Treatment modalities included medications, therapeutic exercises, physical therapy and TENS unit. PR2 on 09/09/2014 indicated continuing knee pain. X-rays of his knee on 09/09/14 noted the changes following a left total knee arthroplasty with no gross loosening of the components. X-rays on 10/16/14 noted no increase in osteoarthritis. A request was made for revision of left knee total knee arthroplasty, six visits of in-home physical therapy, VQ care ice machine purchase, hospital bed with a gel mattress purchase, hospital tray purchase, nurse, physical therapist to sort his medicines, bedside commode purchase, bath chair purchase, walker purchase, knee exercise machine purchase, pre-operative medical clearance, in home registered nurse for evaluation and medication intake and vitals 2x week for 2 weeks postoperative, transportation to appointments, physical therapy and other places and home health aid for meal prep, clean up routines, laundry, shop for food, assist with personal grooming, routine bed & bath. PR2 on 10/30/2014 indicated he had persisting and severe knee pain, frequent falls, and a sense of instability. On exam his patella tracked well, he had an antalgic gait, severe varus and valgus instability on the arc of motion. On November 17, 2014, utilization review denied the hospital bed with a gel mattress purchase, hospital tray purchase, nurse, physical therapist to sort his medicines, knee exercise machine purchase, in home registered nurse for evaluation and medication intake and vitals 2x week for 2 weeks postoperative and transportation to appointments, physical therapy and other places. The request for six visits of in-home physical therapy was modified to home health registered nurse assessment only. The request for VQ care ice machine purchase was modified to VQ care ice machine rental. The request for pre-operative medical clearance was modified to preoperative medical clearance with CBC and CMP, PT, PTT, urinalysis and EKG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: In-Home Physical Therapy (6-sessions, 3 times a week for 2 weeks): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Knee Chapter, Physical Medicine

Decision rationale: ODG guidelines recommend for post-surgical visits following arthroplasty up to 24 visits in 10 weeks. These are predicated on the concept of fading frequency of visits. This would be that an initial frequency would be three times a week but then would decrease to once a week. Since the requested treatment is 3X2, it does not follow guidelines for fading or comply with the recommended frequency and thus is not medically necessary or appropriate. Home health services are recommended for patients who are homebound which this patient is not.

Associated Surgical Service: VQ Care Ice Machine: 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, 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 Chapter-Continuous flow cryotherapy

Decision rationale: According to ODG guidelines Continuous flow cryotherapy is recommended as an option following surgery. It is not recommended for longer than seven days. The requested service for the VQ care ice machine does not comply with the guidelines. Thus the requested service of the VQ Care ice machine is not medically necessary or appropriate.

Associated Surgical Service: Hospital Bed with a Gel Mattress: 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, Physical Therapy chapter-Durable Medical equipment (DME)

Decision rationale: According to ODG guidelines, durable medical equipment is recommended if it is medically necessary for the patient to be bed or room confined. Since the operation was performed to help the worker become more functional, this limitation is not supported by the documentation. Thus a hospital bed with gel mattress would not be medically necessary or appropriate.

Associated Surgical Service: Hospital Tray, Nurse, Physical Therapist to Sort Medicines: 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 Physical Therapy Chapter-Durable Medica Equipment

Decision rationale: ODG guidelines recommend provision of durable medical equipment of which a hospital tray may be an example if the patient is bed or room confined. Documentation does not provide evidence this is the case. Moreover evidence is not provided as to why education and instructions on sorting medications cannot be carried out with the patient or others so that a nurse or physical therapist would not be necessary. No evidence is provided the patient has a limitation in self care, eating or toileting. Thus the service of hospital tray, nurse, physical therapist to sort his medicines is not medically necessary or appropriate.

Associated Surgical Service: Knee Exercise Machine: 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, Durable Medical Equipment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Knee Chapter

Decision rationale: ODG guidelines recommend continuous passive motion knee exercise machine may be considered medically necessary in hospital for 4-10 days, no more than 21, or for home use up to 17 days following a revision total knee arthroplasty. Documentation does not show such limitations are prescribed. The guidelines also note that the effects gained are too small to be clinically worthwhile and that the home use had minimal effect when compared with standard physical therapy. Thus the requested knee exercise machine is not medically necessary or appropriate.

Post-Operative in home Registered Nurse for Evaluation and Medication intake and vitals (2 times a week for 2 weeks): 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, Home Health Services

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Knee Replacement Chapter-Skilled nursing facility

Decision rationale: According to ODG guidelines a service to warrant a registered nurse is so inherently complex that it can safely and effectively be performed only by or under the supervision of the professional. Taking vital signs and evaluating medication intake is not so inherently complex that I would require a registered nurse. Documentation is not provided to show evidence of co-morbid conditions which would require a registered nurses home visit. Thus this requested service of in home registered nurse for evaluation and medication intake and vitals 2X2 post-operative is not medically necessary or appropriate.

Associated Surgical Service: Transportation to appointments, physical therapy and other places, bank, store, errands etc: 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, Transportation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Knee Replacement Chapter-transportation to and from appointments

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: According to ODG Guidelines medically-necessary transportation to and from appointments for patients with disabilities that are preventing them from self-transport is recommended. Documentation does not provide evidence about how this worker requires an ambulance for transportation. He had a long history of making doctors appointments without any mention of medically necessary transportation.

Associated Surgical Service: Home health aid for meal prep, clean up routines, laundry, shop for food, assist with personal growing, routine bed & bath: 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, Home Health Services

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Knee Chapter-Home Health Services

Decision rationale: According to ODG Guidelines Medical treatment does not include homemaker services like shopping, cleaning, laundry and personal care given by home health aides like bathing and dressing. Home health services would be recommended for the medical treatment of patients who are homebound. Documentation is not provided which shows this. The request for home health aid for meal prep, cleanup routines, laundry, shop for food, assist with personal grooming, routine bed and bath is not medically necessary or appropriate.