

<b>Case Number:</b>	CM14-0207876		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	06/01/2010
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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: Florida

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old female, who sustained an industrial injury on June 1, 2010. The diagnoses have included left knee chondromalacia, status post left knee arthroscopy on 10/22/2010, with moderate to severe left knee degenerative joint disease, reactive depression and anxiety and compensatory low back component. Treatment to date has included lumbar-sacral orthosis (LSO) brace, TENS unit, toxicology urine screening and pain medication. Currently, the injured worker complains of left knee pain and low back pain. In a progress note dated November 11, 2014, the treating provider reports left knee examination revealed decreased range of motion, tenderness over the medial and lateral joint lines, positive McMurray's medial and lateral and tenderness to the lumbar spine with limited range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health physical therapy 3 times 2 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 132-133 Page(s): Physical Medicine, page(s) 132-133.

**Decision rationale:** A left knee arthroplasty procedure has been requested since this patient has been refractory to conservative care. The utilization review physician did not certify a request for home health physical therapy or staple removal since it has not yet been established by the Orthopedic surgeon that the procedure is indeed necessary. Documentation notes that a second opinion by Orthopedic Surgeon [REDACTED] is still pending. Likewise, the requests for home health physical therapy and staple removal post procedure cannot yet be considered medically necessary.

**Staples to be removed in the home within 9-10 days:** 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 General approach to assessment and documentation Page(s): 35.

**Decision rationale:** A left knee arthroplasty procedure has been requested since this patient has been refractory to conservative care. The utilization review physician did not certify a request for home health physical therapy or staple removal since it has not yet been established by the Orthopedic surgeon that the procedure is indeed necessary. Documentation notes that a second opinion by [REDACTED] is still pending. Likewise, the requests for home health physical therapy and staple removal post procedure cannot yet be considered medically necessary.