

Case Number:	CM14-0208074		
Date Assigned:	12/22/2014	Date of Injury:	12/18/1983
Decision Date:	03/16/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/12/2014

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 62-year-old male who reported an injury on 12/18/1983. The mechanism of injury was not stated. The current diagnoses include lumbago and internal derangement of the right knee. The injured worker was status post right total knee arthroplasty. The injured worker presented on 01/26/2015 with complaints of persistent right knee pain with activity limitation. The injured worker also reported constant low back pain. Upon examination, there was tenderness at the joint line, erythema, and cellulitis around the surgical site, swelling, and stiffness due to immobilization. Range of motion was painful and limited. Recommendations at that time included continuation of the current medication regimen. It was noted that the injured worker was pending authorization for a left total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 1 labs to include CBC, BMP, CMP, PT/PTT, urinalysis, EKG, CXR and blood donation between 4/8/2014 and 7/7/2014.: 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 Low Back Chapter, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines state the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. There is no documentation of a significant medical history or any comorbidities that would support the necessity for preoperative testing. Therefore, the request is not medically appropriate at this time.

Associated surgical service: 12 outpatient physical therapy sessions ([REDACTED]) between 4/8/2014 and 7/7/2014.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 24.

Decision rationale: California MTUS Guidelines state the "initial course of therapy" means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a total knee arthroplasty includes 24 visits over 10 weeks. The injured worker has been issued authorization for an initial 9 sessions of postoperative physical therapy. The current request for 12 outpatient physical therapy sessions in addition to the 9 sessions would exceed guideline recommendations. The injured worker's response to the initial course of postoperative therapy would require assessment prior to the authorization for additional treatment. As such, the request is not medically appropriate.

Associated surgical service: 4-6 hours home health aide per day x2 weeks between 4/1/2014 and 7/7/2014.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Official Disability Guidelines recommend home health services 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. While it is reasonable to assume that the injured worker will initially be homebound following surgery, the specific type of services required was not listed in the request. California MTUS Guidelines state medical treatment does not include homemaker services and personal care. Given the above, the request is not medically appropriate.

Associated surgical service: 2 weeks inpatient acute rehab stay SNF placement for assistance with ADL's between 4/8/2014 and 7/7/2014.: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg Chapter, Skilled Nursing facility (SNF) care.

Decision rationale: The Official Disability Guidelines state skilled nursing facility care is recommended if necessary after hospitalization when the patient requires skilled nursing or skilled rehabilitation services, or both, on a 24 hour basis. The injured worker has been issued authorization for bilateral total knee arthroplasty with 9 home physical therapy sessions. Given the above, the request cannot be determined as medically appropriate in this case. The injured worker has also been issued authorization for a home health aide on a limited basis. The medical necessity for 2 weeks inpatient acute rehabilitation stay at a skilled nursing facility has not been established. Therefore, the request is not medically appropriate at this time.

Associated surgical service: 14 days rental cold therapy unit ([REDACTED]) between 4/8/2014 and 7/7/2014.: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg Chapter, Continuous flow cryotherapy.

Decision rationale: Official Disability Guidelines recommend continuous flow cryotherapy following surgery for up to 7 days. The current request for a 14 day rental would exceed guideline recommendations. Therefore, the request is not medically appropriate.