

Case Number:	CM15-0001846		
Date Assigned:	01/12/2015	Date of Injury:	02/13/2012
Decision Date:	03/09/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/02/2015

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, New Hampshire, Washington
 Certification(s)/Specialty: Orthopedic 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:

The injured worker is a 61 year old male, who sustained an industrial injury on 2/13/12. The Physician has reported advanced osteoarthritis (bone-on-bone) left knee. The diagnosis included tricompartmental osteoarthritis left knee with failed conservative management. Treatment to date has included x-rays, MRI, left knee ACL reconstruction (1992), left knee arthroscopy (2012), PT, medications and corticosteroid injections. Currently, the IW complains of left knee pain which limits his activity. On 1/2/15 Utilization Review modified the request for Home Health RN to Home Health RN Evaluation. UR non-certified a Home Health Physical Therapy 2x3 indicating this would be assessed by the home health RN evaluation. The provider also requested a CPM purchase and this was modified to a 21 Day rental. The ODG Guidelines were used in these UR decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Home Health RN: 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 knee chapter

Decision rationale: The medical records indicate that this patient has chronic knee pain and osteoarthritis. The patient failed conservative measures and had total knee arthroplasty surgery. ODG guidelines do not recommend 21 days of postop CPM after total knee surgery. 21 days of CPM is excessive and not medically needed, ODG guidelines do not support 21 days of cpm.

Associated surgical service: Home Health Physical Therapy 2 x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Medical records do not indicate that this patient is home bound. There is no documentenation that the patient can not attend outpatient PT. MTUS guidelines recommend 24 postop PT visits after TKR. The need for home PT has not been estsablISHED. MTUS guidelines not met for home PT.

Associated surgical service: Continuous Passive Motion (CMP) (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); Total knee arthroplasty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation knee chapter

Decision rationale: ODGuidelines do not recommend the purchase of CPM machine after TKR surgery. Long term CPM use not needed. The medical records do not support the need for CPM purchase and long term use. Postop short term rental is more appropriate. Purchase not supported by ODG guidelines and medical records.