MAXIMUS Federal Services

Case Number:	CM15-0002990		
Date Assigned:	01/13/2015	Date of Injury:	03/11/2012
Decision Date:	03/24/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/07/2015

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: 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 51-year-old female who reported an injury on 03/11/2012. Per the documentation of the Agreed Medical Evaluation of 08/14/2014, the injured worker was carrying a number of items in her apron and coming out of a space. The injured worker turned and twisted, and had a pain in the right knee and did not fall. The injured worker indicated she had a problem with the right knee previously. Fifteen years prior to the injury of 2012, was playing softball when she tripped in a gopher hole. The injured worker underwent surgery in the right knee for a torn meniscus and had recovered. There was no request for authorization submitted for review. The documentation of 11/18/2014, revealed the injured worker had complaints of constant pain in the right knee that increased with walking or standing, flexing or extending, climbing or descending stairs, and the knee had given way. Additionally, the current complaints included swelling, popping, and clicking. The injured worker denied a history of cardiac, cancer, diabetes, sickle cell, or thyroid. The injured worker had a history of high blood pressure. The injured worker was noted to have undergone 2 right knee surgeries, and other surgeries that were noncontributory. The injured worker's medications included hydrochlorothiazide, tramadol, Norco, Motrin, Flexeril, Ambien, lorazepam, Zantac, Naprosyn, and ointments and medication for bones. The injured worker had gross crepitus of her knee and had medial tenderness. The ligaments were intact. The injured worker was noted to utilize a brace. The injured worker was utilizing a cane. The x-rays revealed lateral unicompartmental replacement that was in good position. The diagnoses included failed right lateral unicompartmental replacement with degeneration of patellofemoral and medial compartments. The treatment plan included a

revision of the lateral unicompartmental replacement to a total knee replacement. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: rental of a TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post-operative pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend the use of a TENS unit postoperatively for up to 30 days. The clinical documentation submitted for review indicated surgical intervention had been recommended. However, the request as submitted failed to indicate the frequency and the duration for the use of the unit. Additionally, the request failed to indicate the body part to be treated. Given the above, the request for associated surgical service, rental of a TENS unit, is not medically necessary.

Associated surgical service: home RN/home health evaluation: 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 Home Health Services Page(s): 51.

Decision rationale: The California Medical Treatment & Utilization Schedule recommends home health services for injured workers who are homebound and who are in need of part time or intermittent medical treatment of up to 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The clinical documentation submitted for review failed to indicate the injured worker would be homebound. Additionally, the request as submitted failed to indicate the quantity of visits being requested. Given the above, the request for associated surgical service, home RN/home health evaluation, is not medically necessary.

Associated surgical service: home physical therapy for the right knee, 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine,Postsurgical Treatment Guidelines.

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

Decision rationale: The California Postsurgical Treatment Knee Guidelines indicate that the postsurgical treatment for arthroplasty of the left knee is 24 visits, and the initial therapy is half the recommended number of visits. The requested intervention would be appropriate. However, there was a lack of documentation indicating the injured worker would have a necessity for home physical therapy. There was a lack of documentation indicating if the injured worker would be homebound for the four weeks. Given the above, the request for associated surgical service, home physical therapy for the right knee, 3 times a week for 4 weeks, is not medically necessary.