

<b>Case Number:</b>	CM15-0004860		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: Physical Medicine & Rehabilitation

### 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 71-year-old female, who sustained an industrial injury on June 18, 2012. She has reported feeling a pop in her knee after she slipped on water. The diagnoses have included right knee tricompartmental osteoarthritis, right knee extensive synovitis, and post op right total knee arthroplasty/right knee extensive synovectomy on December 4, 2014. Treatment to date has included surgery, continuous passive motion machine, and medication. Currently, the injured worker reported she is controlling her pain with Norco medication. She is no longer using the continuous passive motion machine. Her right knee range of motion is from full extension to approximately 70 degrees. Her heel-toe reciprocal gait was noted to be slow with the use of a walker. On December 16, 2014, Utilization Review non-certified a home health registered nurse 7x2, home health post-op physical therapy x5 and Lovenox injections x14, noting the Official Disability Guidelines. On January 9, 2015, the injured worker submitted an application for Independent Medical Review for review of home health registered nurse 7x2, home health post-op physical therapy x5, and Lovenox injections x14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health RN seven times a week for two weeks (7x2): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Duration Guidelines, Treatment in Workers Compensation, 2014 web-based edition

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

**Decision rationale:** This patient is status post right total knee arthroplasty/right knee extensive synovectomy on December 4, 2014. The current request is for HOME HEALTH RN SEVEN TIMES A WEEK FOR TWO WEEKS (7X2). The MTUS Guidelines page 51 has the following regarding home service, "Recommended only for otherwise recommended medical treatments for patients who are home-bound or a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include home maker 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 treating physician does not specify any rationale for home assistance, such as danger to self, or others, inability to transfer, etc. The patient is status post knee surgery but there is no discussion regarding the patient's inability to perform self-care and ADL's. Furthermore, the request is for 7 days per week for 2 weeks without specifying the number of hours per day. MTUS states "no more than 35 hours per week." This request IS NOT medically necessary.

#### **Home health Post-Op Physical Therapy times 5: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2014 web-based edition

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg, Physical medicine treatment

**Decision rationale:** This patient is status post right total knee arthroplasty/right knee extensive synovectomy on December 4, 2014. The current request is for HOME HEALTH POST OP PHYSICAL THERAPY TIMES 5. ODG-TWC, Knee & Leg (Acute & Chronic) Chapter under Physical medicine treatment states: "ODG Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT." Post-surgical treatment following arthroplasty of the knee is 24 visits over 10 weeks. The patient is status post knee arthroplasty on 12/4/14. There is one physical therapy evaluation report dated 12/15/14, which recommended 12 post op physical therapy sessions. There is no indication that the patient has started postoperative rehabilitation. This is a request for "home health" post op therapy. The treating physician has documented that therapy requires initiation at home following her recent surgery. The current request for 5 home health post op physical therapy sessions is medically necessary and is supported by the MTUS post-surgical guidelines.

#### **Lovenox Injections x14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.lovenox.com>, LOVENOX INJECTIONS

**Decision rationale:** This patient is status post right total knee arthroplasty/right knee extensive synovectomy on December 4, 2014. The current request is for LOVENOX INJECTIONS. The medical reports provided for review do not discuss the requested Lovenox injections. The Utilization review denied the request stating, "There was insufficient information provided to do a valid utilization review of clinical necessity." According to <http://www.lovenox.com>, "LOVENOX helps reduce the risk of deep vein thrombosis" also known as DVT blood clots "to help avoid a potential pulmonary embolism in patients undergoing abdominal surgery, hip-replacement surgery, knee-replacement surgery, or medical patients with severely restricted mobility during acute illness." In this case, the treating physician has not provided the medical necessity for the medication Lovenox. Furthermore, the physician does not provide any risk factors for perioperative thromboembolic complications. This request IS NOT medically necessary.