

Case Number:	CM15-0101111		
Date Assigned:	06/03/2015	Date of Injury:	09/16/2009
Decision Date:	07/01/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/26/2015

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, Indiana, Oregon
 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 67 year old female, who sustained an industrial injury on 9/16/2009. She reported injury from a trip and fall. The injured worker was diagnosed as having right knee degenerative joint disease, left knee osteoarthritis and internal derangement and status post right knee arthroscopy on 3/3/2015-with a post-operative fall. Right knee magnetic resonance imaging showed lateral meniscus tear and osteoarthritis. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 3/16/2015, the injured worker complains of post-operative knee pain. The treating physician is requesting 8 sessions of postoperative physical therapy and preoperative long leg magnetic resonance imaging secondary to a pending right total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op home health physical therapy 4 x 2: Upheld

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

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

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are home-bound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration. There is no evidence in the records from 3/16/15 that the patient is home bound. There are no other substantiating reason why home health services are required. Therefore determination is not medically necessary.

Pre-op MRI (long leg): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: CA MTUS/ACOEM is silent on preoperative MRI for total knee arthroplasty. ODG knee is referenced. Routine MRI pre-op for TKA is not recommended. In this case there is a request for pre-operative MRI for total knee arthroplasty without substantiating evidence that guideline recommendations should be altered. Based on this it is not medically necessary.