

Case Number:	CM15-0109066		
Date Assigned:	06/15/2015	Date of Injury:	10/08/2012
Decision Date:	07/14/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/05/2015

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 62-year-old male who sustained an industrial injury on 10/08/2012. Treatment provided to date has included physical therapy, medications, and conservative therapies/care. Diagnostic testing was not provided or discussed. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 04/30/2015, physician progress report indicated that the injured worker was being seen for follow-up in regards to the right knee injury. The pain was rated 10/10 in severity, and described as constant, stabbing and aching. The physical exam revealed tenderness along the medial joint line of the right knee, effusion, decreased strength, and range of motion (ROM) 0° to 120° with pain. The provider noted diagnoses of right knee osteoarthritis. Due to increasing pain, the injured worker agrees to the plan for surgical intervention. Plan of care includes total right knee arthroplasty, pre-operative MRI without contrast of the right knee, 3 days inpatient hospital stay, post-operative knee brace, post-operative walker, post-operative hot/Cold unit and wrap, home health nurse after discharge from the hospital (for 30 days), and in home physical therapy after discharge from the hospital (for 30 days). The injured worker's work status requested treatments include post-operative hot/Cold unit and wrap, home health nurse after discharge from the hospital (for 30 days), and in home physical therapy after discharge from the hospital (for 30 days).

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Hot/Cold unit and wrap: 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), continuous-flow cryotherapy and on the Non-MTUS AETNA Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

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 the issue of hot/cold therapy. According to ODG, Knee and Leg section, cold/heat packs, hot packs had no beneficial effect on edema compared with placebo or cold application. Based on this the request for contrast unit is not medically necessary.

Home health nurse after discharge from hospital x 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

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 4/30/15 that the patient is home bound or in need of wound care or IV antibiotics. There are no other substantiating reason why home health services are required. Therefore, request is not in keeping with guidelines and is not medically necessary.

Home Physical after discharge from hospital x 30 days: Upheld

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

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 the issue of home physical therapy. According to ODG, Knee and Leg, home health services including physical therapy are 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. There is no evidence in the records from 4/30/15 that the patient is home bound. There is no other substantiating reason why home health physical therapy is required. Therefore, request is not medically necessary.