

Case Number:	CM15-0143147		
Date Assigned:	08/12/2015	Date of Injury:	11/24/2010
Decision Date:	09/09/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/23/2015

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: Montana, Oregon, Idaho
 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 51 year old female who sustained an industrial injury on 11-24-2010. Mechanism of injury was not found in documentation submitted for review. Diagnoses include end stage hip degenerative arthritis right greater than left, lumbago, anxiety, depression, Body Mass index 34.0-34.9, and dysthymia. Treatment to date has included diagnostic studies, medications, therapy, and psychological treatment. Her medications include Ibuprofen, Soma, and Omeprazole. She is not working. On 01-19-2015 there is an unofficial x ray report of the lumbosacral spine and showed degenerative disc disease mainly at the L3-L4 level. A physician progress note dated 06-11-2015 documents the injured worker continues to complain of other problems stemming from her gait. She walks with a walker. She has significant neck and back pain. She has a BMI of 35.5 and has severe degenerative changes with the right hip with collapse, shortening and lateral subluxation. She has pain that limits her ability to perform daily activities and exercise. The plain x rays are requested for templating the prosthetic. She has comorbidities of asthma, depression, digestive problems, hypertension, thyroid problems and psychiatric problems. The treatment plan includes associated surgical service: Doctor to assist, associated surgical service: Hospitalist to follow up while inpatient, associated surgical service: plain film x-rays for templating, medical clearance- chest x-ray, EKG, CBC, PT, PTT, UR (for preop), and right total hip replacement. Treatment requested is for associated surgical service: CMP associated surgical service: home physical therapy; 1-2 weeks, and post-op transitional care unit (possible).

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: CMP: 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

<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

Decision rationale: CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced.

<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> states that patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case the claimant is 51 years old and does support evidence of asthma, thyroid problems, hypertension, depression, digestive and gynecologic problems. The documentation would support basic pre-operative testing as outlined above. However, in this case there is no specific diagnosis noted in the medical records from 6/11/15 or 5/19/15 which would warrant or support the necessity of a comprehensive metabolic panel. The request is not medically necessary.

Post-op transitional care unit (possible): 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 Official Disability Guidelines (ODG) knee and leg.

Decision rationale: CA MTUS/ACOEM is silent on the issue of acute rehab or skilled nursing length of stay. According to the ODG, Knee and Leg, Skilled nursing facility LOS (SNF), "Recommend up to 10-18 days in a skilled nursing facility (SNF) or 6-12 days in an inpatient rehabilitation facility (IRF), as an option but not a requirement, depending on the degree of functional limitation, ongoing skilled nursing and / or rehabilitation care needs, patient ability to participate with rehabilitation, documentation of continued progress with rehabilitation goals, and availability of proven facilities, immediately following 3-4 days acute hospital stay for arthroplasty." The decision for acute rehab or skilled nursing facility will be dependent on the outcome following the knee replacement and objective criteria during the acute inpatient admission. In this case there is no evidence of the results of the rehab process during the inpatient admission from the medical documentation, therefore the request is not medically necessary.

Associated surgical service: home physical therapy; 1-2 weeks: 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 chronic pain 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. In this case, there is no evidence in the records from 6/11/15 that the patient is home bound. There are no other substantiating reason why home health services are required. Therefore the request is not medically necessary.