

Case Number:	CM15-0161564		
Date Assigned:	08/27/2015	Date of Injury:	03/02/1997
Decision Date:	10/14/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/17/2015

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:

This is a 71-year-old male who sustained an industrial injury on 03-02-1997. Diagnoses include severe right knee osteoarthritis. Treatment to date has included medications and cortisone injections. According to the progress notes dated 7-28-2015, the IW (injured worker) reported the left knee was doing well after total knee replacement, but the right knee was severely disabling. He complained of constant pain in the right knee and terrible motion. On examination, the right knee had a varus alignment and mild deformity. There was medial joint line and lateral patellofemoral facet tenderness. Range of motion was 2 to 90 degrees. Lachman's exam was negative; there was mild laxity in the collateral ligaments at 30 degrees and moderate patellofemoral crepitation. The neurological exam was grossly intact. Dorsalis pedis pulse was 2+ and no edema or chronic skin changes were noted. X-ray of the right knee showed severe medial compartment osteoarthritis with moderate patellofemoral osteoarthritis. Right total knee arthroplasty was authorized. A request was made for postoperative venous Doppler ultrasound; postoperative Norco (quantity and dosage unspecified), Oxycontin (quantity and dosage unspecified), Tylenol with codeine #3 (quantity and dosage unspecified), NSAIDs (specific NSAIDs, quantity and dosage unspecified), Percocet (quantity and dosage unspecified) and Tramadol (quantity and dosage unspecified); postoperative home health occupational therapy two to three visits for the right knee; postoperative home health physical therapy three times a week for two weeks for the right knee; postoperative X-rays; postoperative doctor's office visits and treatment; crutches, single point cane, ice machine (purchase); and outpatient physical therapy three to four times a week for six weeks for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative Venous Doppler Ultrasound: 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), Knee & Leg Chapter (online version), venous thrombosis.

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 diagnostic ultrasound. According to the ODG Knee and Leg section, diagnostic ultrasound is recommended for suspected DVT. In this case the request is for screening ultrasound which is not recommended. The request is not medically necessary.

Postoperative Norco (quantity & dosage unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. In this case no dosage is specified. The request is not medically necessary.

Postoperative Oxycontin (quantity & dosage unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. In this case no dosage is specified. The request is not medically necessary.

Postoperative Tylenol with Codeine #3 (quantity & dosage unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. In this case no dosage is specified. The request is not medically necessary.

Postoperative NSAIDS (specific NSAID, quantity and dosage unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: CAMTUS chronic pain medical treatment guideline, NSAIDs, recommends NSAIDs for a variety of indications. In this case, there is no specific drug or dosage. The request is not medically necessary.

Postoperative Home Health OT 2-3 visits right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (online version), Home Health Services.

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. Home health skilled nursing is recommended for wound care or IV antibiotic administration. There is no evidence in the records 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.

Associated surgical service: Crutches (purchase): 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) Knee & Leg Chapter (Online Version), walking aids (canes, crutches, braces, orthoses & walkers).

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: The CA MTUS/ACOEM guidelines are silent regarding crutches. According to the ODG knee chapter, walking aids are recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. In this case another walking aid is approved. A second walking aid is not medically necessary.

Associated surgical service: Single Point Cane (purchase): 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) Knee & Leg Chapter (Online Version), walking aids (canes, crutches, braces, orthoses & walkers).

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: The CA MTUS/ACOEM guidelines are silent regarding crutches. According to the ODG knee chapter, walking aids are recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Non-use is associated with less need, negative outcome, and negative evaluation of the walking aid. In this case another walking aid is approved. A second walking aid is not medically necessary.

Post-operative Percocet (quantity & dosage unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. In this case no dosage is specified. The request is not medically necessary.

Postoperative Home Health Physical Therapy 3 x 2, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online Version), Home Health Services.

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. Home health skilled nursing is recommended for wound care or IV antibiotic administration. There is no evidence in the records 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.

Associated surgical service: Outpatient Physical Therapy 3-4 x 6 weeks, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, page 24, arthroplasty of the knee recommends 24 visits over 10 weeks with a post-surgical treatment period of 4 months. The guidelines recommend of the authorized visit initially therefore 12 visits are medically necessary. As the request exceeds the 12 visits, the request is not medically necessary.

Post-op X-rays: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter (online version), X-rays.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: CA MTUS/ACOEM chapter 13, knee complaints, page 341 recommends that knee X-rays be done for trauma or presence of red flag symptoms. In this case, there is no post-operative documentation of complaints which would warrant knee x-ray. The request is not medically necessary.

Associated surgical service: Ice Machine (purchase): 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), Knee & Leg Chapter (online version), Continuous-flow cryotherapy.

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 knee cryotherapy. According to ODG Knee Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for up to 7 days. However the DME definition in the same section states that DME is durable and could normally be rented and used by successive patients. Based on the above, the request for the purchase is not medically necessary.

Postoperative doctor's office visits and treatment: 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), Pain Chapter (Online Version), Office visits.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Per the CA MTUS ACOEM 2004, Chapter 3, page 127 states the practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case, the surgeon is the expert for post-operative care and the referral to another practitioner is not medically necessary.

Post-operative Tramadol (quantity & dosage unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. In this case the dosage is not specified. The request is not medically necessary.