MAXIMUS Federal Services

Case Number:	CM15-0164545		
Date Assigned:	09/01/2015	Date of Injury:	03/15/2000
Decision Date:	10/05/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/21/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65-year-old male, who sustained an industrial injury on 3-15-2000. Initial complaints were not reviewed. The injured worker was diagnosed as having bilateral arthritis of the knees. Treatment to date has included status post left total knee replacement (8-6-15); left knee injections; physical therapy; medications. Currently, the PR-2 notes dated 8-6-15 indicated the injured worker was admitted for a left total knee replacement on 8-6-15. He has been diagnosed with bilateral arthritis of the knees. His left knee is more bothersome than the right at this time. He has failed conservative therapy including medications, and injections. An MRI is documented ass reporting incompartmental degenerative joint disease. Over the past one year, the pain has increased and motion of the knee has decreased. His joint has gotten larger although there has never been persistent swelling. He has other problems arise concerning his heart and spine and the surgery was postponed. He subsequently has surgery for his cervical stenosis. He now uses a cane to walk and balance himself so he does not fall. He reports codeine no longer stops the pain and now is prepared for a left total knee surgery. Post-operative physical therapy notes were submitted for review and detail his progress. The provider is requesting authorization of Home post-op physical therapy daily x 1 month for left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home post-op physical therapy daily x 1 month for left knee: 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 & Leg (Acute & Chronic), Home health services.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2000. He continues to be treated for left knee pain. When seen, he was having more difficulty standing. He was having knee stiffness interfering with walking. Physical examination findings included an antalgic gait with use of a cane. Left total knee replacement surgery was planned. The request included home-based daily physical therapy for a one-month period of time. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. In this case, home-based services were requested prior to the claimant undergoing the planned procedure. He was being seen on an outpatient basis and was able to ambulate with a cane. He had no identified upper extremity impairment and would not be expected to require an extended period of home-based treatment. The request that was submitted was not appropriate or medically necessary.