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| <b>Case Number:</b>   | CM15-0169078 |                              |            |
| <b>Date Assigned:</b> | 09/09/2015   | <b>Date of Injury:</b>       | 07/17/2013 |
| <b>Decision Date:</b> | 10/13/2015   | <b>UR Denial Date:</b>       | 08/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/27/2015 |

### 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, Oregon, Washington  
 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 58-year-old female with a date of injury of July 17, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for osteoarthritis of the lower leg, enthesopathy of the knee, and old disruption of the posterior cruciate ligament. Medical records (August 13, 2015) indicate that the injured worker complains of moderate to occasionally severe sharp right knee pain that is worse with walking, and a recent sudden increase in the right knee pain with mild medial swelling. Records also indicate that the injured worker has started using a cane again for ambulation. The physical exam (August 13, 2015) reveals decreased range of motion of the right knee, tenderness medially at the button and joint line of the right knee, tenderness to palpation over the distal medial aspect of the right knee, and 1+ posterior drawer with pain. Treatment has included medications, right posterior cruciate ligament reconstruction on October 23, 2014, twelve sessions of physical therapy prior to surgery that did not help, eight sessions of postoperative physical therapy, right knee injection that did not help the pain, and chiropractic treatments. The original utilization review (August 18, 2015) non-certified a request for home health for two weeks with six visits of physical therapy and two visits of Pre-hab for walker after the injured worker underwent a right total knee arthroplasty. The utilization review also partially certified a request for seven days at a skilled nursing facility (original request for seven to ten days) following the procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical services: Home health for two (2) weeks with six (6) visits of physical therapy:** Upheld

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

**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, home health services.

**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 homebound 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 8/13/15 that the patient is home bound. There is no other substantiating reason why home health physical therapy is required. Therefore, the request is not medically necessary.

**Associated surgical services: Two visits of Pre-hab for walker:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** According to ODG, walking aids (canes, crutches, braces, orthoses, & walkers) are recommended. 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. As this patient is scheduled to undergo a knee procedure, the proposed walker is necessary postoperatively.

**Associated surgical services: Seven to 10 days skilled nursing facility:** 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 and Leg, Skilled nursing facility LOS (SNF).

**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. As there is no evidence of the results of the rehab process during the inpatient admission, the request is not medically necessary.