

Case Number:	CM15-0181528		
Date Assigned:	09/22/2015	Date of Injury:	01/10/1997
Decision Date:	11/03/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/15/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 10, 1997. In a Utilization Review report dated September 3, 2015, the claims administrator partially approved a request for 18 sessions of home-based physical therapy, 18 sessions of home-based occupational therapy, and 18 sessions of home nursing. An August 24, 2015 office visit was referenced in the determination. The claims administrator partially approved one home physical therapy, one home occupational therapy visit, and one home nursing visit. The claims administrator contended that the nature of the claimant's deficits was not clearly outlined. The applicant's attorney subsequently appealed. On September 15, 2015, the applicant reported ongoing complaints of knee pain some six weeks removed from the date of earlier total knee arthroplasty. On July 26, 2015, the applicant was on Norco and Tylenol for pain relief. The applicant was using a walker indoors. The applicant was described as doing well. -5 to 115 degrees of knee range of motion was present. The applicant apparently had a stable, indwelling prosthesis, it was reported on x-rays of the knee. The applicant was instructed on postoperative exercising in the clinic and asked to follow up in six weeks. On an RFA form seemingly dated August 28, 2015, 18 sessions of home-based physical therapy, 18 sessions of home-based occupational therapy, and 18 sessions of home nursing services were sought seemingly without much supporting rationale. In a resident facility progress note dated August 28, 2015, it was stated that the applicant was able to transfer to and from her bed. In a resident facility note dated August 22, 2015, it was stated that the applicant did exhibit limited mobility of short distances

before developing fatigue. On a resident progress note dated August 24, 2015, it was stated that the applicant had undergone a total knee arthroplasty on July 27, 2015. The applicant stated that she was ready to go home. The applicant was semi-compliant with her diabetes medications, it was reported. The applicant had reportedly not met all goals to date, it was stated. The applicant was not making much progress and had issues with fatigue present, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home physical therapy, HHPT 3 times 6: Upheld

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

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

Decision rationale: No, the request for 18 sessions of home physical therapy was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for postoperative physical therapy following a total knee arthroplasty procedure performed on July 27, 2015. While the MTUS Postsurgical Treatment Guidelines do support a general course of 24 sessions of treatment following total knee arthroplasty surgery, as seemingly transpired here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.3.a2 to the effect that an initial course means one-half of the number of visits for the specified surgery and by commentary made in MTUS 9792.24.3.c4 to the effect that applicant should be reevaluated following continuation of therapy no later than every 45 days so as to document functional improvement needed to justify continued physical medicine treatment. Here, one-half of 24 visits, thus, is 12 visits. The request for 18 initial courses of postoperative physical therapy visits, thus, was at odds with MTUS postsurgical treatment guidelines. The request did not moreover, include a Proviso to reevaluate the applicant following initiation of therapy so as to insure favorable response to the same before moving forward with the lengthy, protracted course of therapy at issue. As noted in the MTUS 9792.24.3.c4 applicant should be reevaluated every 45 days at a minimum so as to ensure functional improvement needed to justify continuation of therapy. Here, the resident facility acknowledged on progress notes of August 2015 that the applicant had significant issues, deficits, and comorbidities, making periodic reevaluation to ensure the efficacy of the treatment all the more critical. Therefore, the request for 18 sessions of home physical therapy was not medically necessary.

Home occupational therapy, HHOT 3 times 6: Upheld

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

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

Decision rationale: Similarly, the request for 18 sessions of home occupational therapy was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Postsurgical Treatment Guidelines do support a general course of 24 sessions of treatment following total knee arthroplasty, as seemingly transpired here on July 27, 2015, this recommendation is, however, by commentary made in MTUS 9792.24.3.a2 to the effect that an initial course of treatment represents one-half of the overall number of visits for the specified surgery and by commentary made in MTUS 9792.24.3.c4 to the effect that the applicant should be reevaluated every 45 days so as to document functional improvement needed to justify continuation of treatment. Here, one-half of 24 visits is 12 visits. Thus, the request for 18 initial postoperative treatments was at odds with MTUS 9792.24.3.a2. The request for such a lengthy, protracted course of treatment was likewise at odds with MTUS 9792.24.3.c4 as it did not contain the proviso to have the applicant reevaluated following initiation of treatment so as to ensure a favorable response to the same. Therefore, the request was not medically necessary.

Home nursing, HHRN 3 to 6: 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): Home health services.

Decision rationale: Finally, the request for 18 home nursing visits was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, Home Health Services are recommended only to deliver otherwise recommended medical treatment to applicants who are home bound. Medical treatment does not include homemaker services such as cooking, cleaning, shopping, etc., when this is the only service sought. Here, however, the attending provider did not clearly state what services he intended for the home health nurse to deliver. It was not clearly stated what medical treatment(s) the home health nurse needed to deliver. The applicant was some one-month removed from the date of the prior total knee arthroplasty as of the date of the request, it was further noted, making it unlikely that home health nursing was needed to perform wound care, for instance. Therefore, the request was not medically necessary. While this was, strictly speaking, a postoperative request as opposed to a chronic pain request, MTUS 9792.23.b2 stipulates that the Postsurgical Treatment Guidelines in section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. Since page 51 of the MTUS Chronic Pain Medical Treatment Guidelines did address the issues at hand, it was therefore invoked.