

Case Number:	CM15-0191784		
Date Assigned:	10/05/2015	Date of Injury:	02/24/2010
Decision Date:	11/12/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/29/2015

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: Connecticut, California, Virginia
 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 injured worker is a 74 year old female, who sustained an industrial injury on 2-24-2010. The injured worker is being treated for status post right knee arthroscopy (2002) Treatment to date has included multiple surgical interventions, diagnostics, bracing, medications, home exercises. Per the handwritten Primary Treating Physician's Progress Report dated 7-15-2015, the injured worker reported right knee buckling and locking with pain rated as 7-8 out of 10. She also reported numbness and tingling in the hands and right shoulder stiffness with loss of motion and pain. Objective findings included tenderness to the patellar region of the right knee with crepitus and positive grind test. There was tenderness of the bilateral shoulders, right greater than left. She is not working. The plan of care included, and authorization was requested for x-rays of the right knee, magnetic resonance imaging (MRI) of the right knee, home health care assistance (4 hours per day, 5 days per week for 6 weeks) and one surgical consultation. On 8-31-2015, Utilization Review non-certified the request for MRI of the right knee, home health care assistance (4 hours per day, 5 days per week for 6 weeks) and surgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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

Decision rationale: The CA MTUS addresses the use of imaging in complaints of knee pain. Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Xrays in this case appear to show joint space narrowing and effusion. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. In this case the patient had evidence of joint space narrowing on plain films and no appreciable ligamentous laxity or instability/mechanical deficits on exam that would warrant surgery and MRI. Therefore, based on the guidelines and provided records, the request is not medically necessary at this time.

1 Home health care assistance 4 hours a day 5days a week 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144,05-06-11) Chapter 7 Home Health Services section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 51) indicate that home health services are only recommended for otherwise recommended medical treatments in cases of patients who are homebound, and only on an intermittent basis (generally up to no more than 35 hours per week). Per the guidelines, medical treatment does not include homemaker services like shopping, cleaning, laundry or personal care like bathing, dressing, and using the bathroom when this is the only care that is needed. In this case the supplied records give no indication of treatment modalities being pursued as part of a home care plan. Utilization Review denied the request to unfortunately activities of daily living in the absence of further medical treatment requirements in the home are specifically addressed by the MTUS guidelines as inadequate reasons for recommending home health assistance. Without a more detailed rationale to include other recommended medical treatments as a part of home care nursing, the request in this case is not medically necessary.

1 Surgical consultation for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: The MTUS ACOEM guidelines discuss consideration of specialty consultation in the case of several types of musculoskeletal injuries if symptoms are persistent for more than a few weeks. In this case, the patient has not exhausted conservative treatment, and surgery should not be the first line treatment in this case. It may be reasonable to seek consultation from an orthopedic surgeon, however, further workup/failure of conservative treatment is indicated to ensure that surgery is, in fact, the last option for an improved outcome. In the opinion of this reviewer, the request for orthopedic surgery consultation may be warranted, however, further evidence to support the consult is indicated, and therefore the request is not medically necessary.