

Case Number:	CM15-0196271		
Date Assigned:	10/12/2015	Date of Injury:	12/07/2001
Decision Date:	11/19/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/06/2015

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, New York
 Certification(s)/Specialty: Internal 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:

This 50 year old man sustained an industrial injury on 12-7-2001. Diagnoses include anterior cruciate ligament sprain of the left knee and primary osteoarthritis. Treatment has included oral medications. Physician notes dated 9-23-2015 show complaints of left knee pain. The physical examination shows diffuse tenderness of the left knee with moderate effusion, patella femoral crepitation, and use of a knee brace. Range of motion shows only 80 degrees of flexion. There is pain to valgus stress, grade 3 Lachman without endpoint, positive anterior drawer and pivot shift, generalized weakness, and no significant findings in the lower leg of foot. Recommendations include surgical intervention including a 3-day inpatient stay, 5 days of home health care, 24 sessions of post-operative physical therapy, post-operative Lovenox, cold compression unit and continuous passive motion machine for 14 days, and an assistant surgeon. Utilization Review denied requests for 5 days of home health care, and cold compression and deep vein thrombosis prevention units for 14 days rental, and modified a request for 24 post-operative physical therapy sessions on 9-30-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health 5 days: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home health services.

Decision rationale: Pursuant to the Official Disability Guidelines, home health five days is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization to prevent hospitalization or to provide longer-term in-home medical care and domestic care services for those whose condition that would otherwise require inpatient care. Home health services include both medical and nonmedical services deemed to be medically necessary for patients who are confined to the home (homebound) and to require one or all of the following: skilled care by a licensed medical professional; and or personal care services for tasks and assistance with activities of daily living that do not require skilled medical professionals such as bowel and bladder care, feeding and bathing; and or domestic care services such as shopping, cleaning and laundry. Justification for medical necessity requires documentation for home health services. Documentation includes, but is not limited to, the medical condition with objective deficits and specific activities precluded by deficits; expected kinds of services required for an estimate of duration and frequency; the level of expertise and professional qualification; etc. In this case, the injured worker's working diagnoses are anterior cruciate ligament sprain grade 3; and osteoarthritis left knee. Date of injury is December 7, 2001. Request for authorization is September 24, 2015. The documentation shows the injured worker status post left ACL reconstruction and left knee arthroplasty 2009. According to a September 23, 2015 progress note, the server has ongoing pain in the left knee and presents for follow-up. Objectively, there is tenderness, diffusion, patella-femoral crepitus. The injured worker wears a brace of his decreased range of motion and instability. The treating provider requested total knee arthroplasty. Additional requests included Lovenox injections, cold compression, CPM (continuous passive motion) and physical therapy outpatient. The guidelines request documentation with justification for medical necessity. The documentation does not specify what skilled services (if any) are required. For example, the documentation does not specify whether skilled nursing for Lovenox administration is indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no specific documentation indicating what skilled home care nursing services are required, home health five days is not medically necessary.

Post Operative Out-patient Physical Therapy #24 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, postoperative outpatient physical therapy times 24 sessions is not

medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are anterior cruciate ligament sprain grade 3; and osteoarthritis left knee. Date of injury is December 7, 2001. Request for authorization is September 24, 2015. The documentation shows the injured worker status post left ACL reconstruction and left knee arthroplasty 2009. According to a September 23, 2015 progress note, the server has ongoing pain in the left knee and presents for follow-up. Objectively, there is tenderness, diffusion, patella-femoral crepitus. The injured worker wears a brace of his decreased range of motion and instability. The treating provider requested total knee arthroplasty. Additional requests included Lovenox injections, cold compression, CPM (continuous passive motion) and physical therapy outpatient. The guidelines recommend a six visit clinical trial. The treating provider requested 24 sessions of postoperative physical therapy. The guidelines recommend 24 sessions over 10 weeks. However, an initial trial of 12 visits is clinically indicated. With objective functional improvement, an additional 12 visits may be clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, initial excessive request for 24 sessions of physical therapy and no compelling clinical facts indicating an initial 24 visits are clinically indicated (initially) without evidence of objective functional improvement, post operative outpatient physical therapy times 24 sessions is not medically necessary.

Cold Compression /DVT prevention Unit 14 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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 section, Continuous flow cryotherapy, Knee and leg section, Game ready.

Decision rationale: Pursuant to the Official Disability Guidelines, cold compression/ DVT prevention unit 14-day rental is not medically necessary. Continuous flow cryotherapy is recommended as an option after surgery (knee), but not for nonsurgical treatment. Postoperative use may be up to seven days, including home use. The ACOEM states "patient at home application of heat or cold packs may be used before or after exercises and aren't effective as those performed by a therapist." The vascultherm device provides heat and cold compression therapy wrap for the patient's home for indication of pain, edema, and DVT prophylaxis for post-operative orthopedic patients. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. In this case, the injured worker's working diagnoses are anterior cruciate ligament sprain grade 3; and osteoarthritis left knee. Date of injury is December 7, 2001. Request for authorization is September 24, 2015. The documentation shows the injured worker status post left ACL reconstruction and left knee arthroplasty 2009. According to a September 23, 2015 progress note, the server has ongoing pain in the left knee and presents for follow-up. Objectively, there is tenderness, diffusion, patella-femoral crepitus. The injured worker wears a brace of his decreased range of motion and instability. The treating provider requested total knee

arthroplasty. Additional requests included Lovenox injections, cold compression, CPM (continuous passive motion) and physical therapy outpatient. Continuous flow cryotherapy in conjunction with vaso-compression is not clinically indicated. There is no documentation the injured worker is at risk for deep vein thrombosis (DVT) in the postoperative period. There are no risk factors for DVT in the medical record. Additionally, continuous cryotherapy is indicated for seven days in the postoperative period. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of risk factors or comorbid conditions for DVT and guideline non-recommendations for continuous flow cryotherapy in excess of seven days, cold compression/DVT prevention unit 14 day rental is not medically necessary.