MAXIMUS Federal Services

Case Number:	CM15-0029889		
Date Assigned:	02/24/2015	Date of Injury:	07/09/2010
Decision Date:	04/06/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/17/2015

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: Indiana
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 55 year old male who sustained a work related injury on July 9, 2010, while he was driving a truck. He was struck from behind by another vehicle incurring, neck, back and leg injuries. He was diagnosed with osteoarthritis of the right knee, and cervical degenerative disc disease with a cervical protrusion. Treatment included physical therapy, chiropractic sessions, and pain medications. He underwent a bilateral total knee hemiarthroplasty. Currently, in February, 2015, the injured worker complained of right knee pain, swelling and limited motion causing inflammation to the knee joint. Bone scan revealed micro loosening and aseptic inflammation of the right knee, showing boggy synovitis. On February 6, 2015, a request for physical therapy twice a week for four weeks to the right knee was non-certified by Utilization Review; a request for a walker was non-certified by Utilization Review; and a request for Home Nursing twice a week for four weeks was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op home physical therapy 2 times a week for 4 weeks for the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51,Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99,Postsurgical Treatment Guidelines Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Physical Therapy, ODG Preface Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG reports limited positive evidence to support physical therapy for knee complaints. ODG specifies, "it is important for the physical therapy provider to document the patient's progress so that the physician can modify the care plan, if needed. The physical therapy prescription should include diagnosis; type, frequency, and duration of the prescribed therapy; preferred protocols or treatments; therapeutic goals; and safety precautions (eg, joint range-of-motion and weight-bearing limitations, and concurrent illnesses). A physical therapy consultation focusing on appropriate exercises may benefit patients with OA, although this recommendation is largely based on expert opinion." Additionally, ODG quantifies the number of sessions for Arthritis (Arthropathy, unspecified) (ICD9 716.9): Medical treatment: 9 visits over 8 weeks. Post-injection treatment: 1-2 visits over 1 week. Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks. MTUS guidelines further state, "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. Therefore, the request for Post-Op home physical therapy 2 times a week for 4 weeks for the right knee is medically necessary.

Post-Op home nursing 2 weeks for 4 weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Home Health Services.

Decision rationale: According to MTUS and ODG Home Health Services section, recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Given the medical records provided, employee does not appear to be homebound. The treating physician does not detail what specific home services the patient should have. Additionally, documentation provided does not support the use of home

health services as medical treatment, as defined in MTUS. As such, the current request for Post-Op home nursing 2 weeks for 4 weeks for the right knee is not medically necessary.

Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Knee and Leg, Walking Aides.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME) and Exercise Equipment Other Medical Treatment Guideline or Medical Evidence: Medicare.gov, durable medial equipment.

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of shower chairs. ODG does state regarding durable medical equipment (DME), recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below and further details Exercise equipment is considered not primarily medical in nature. Medicare details DME as:-durable and can withstand repeated use-used for a medical reason-not usually useful to someone who isn't sick or injured-appropriate to be used in your home. The request for walker likely meets the criteria for durability and home use per Medicare classification, although the request is non-specific. However, the treating physician fails to comment on what medical reason the patient has that would necessitate a walker. No validation of the patient's fragility, fall risk, lack of ability perform these daily acitivites, or other components to justify this request. In this specific case, walker is not classified as durable medical equipment and are not recommended per ODG. As such, the request for walker is not medically necessary.