

Case Number:	CM15-0210185		
Date Assigned:	10/29/2015	Date of Injury:	01/10/1994
Decision Date:	12/10/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/26/2015

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: Illinois, California, Texas 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 injured worker is a 53-year-old male who sustained an industrial injury on 1/10/94. Past surgical history was positive for right total knee replacement on 2/28/13. Records documented on-going pain and discomfort following surgery with intermittent crepitus and knocking in the joint. The 12/13/13 three phase bone scan was reported abnormal suggestive of an acute osseous process in the right knee around the right knee prosthesis. This pattern of findings in the tibial component suggested mild loosening of the prosthesis while the pattern around the femoral component were less specific and the possibility of prosthetic loosening versus infection was raised. The 5/11/15 right knee x-ray impression documented stable total knee arthroplasty without evidence of complication or acute finding. There was mild suprapatellar bursal effusion/synovial thickening, which appeared slightly improved. Reports indicated that there were no signs of loosening or infection. The 8/10/15 treating physician report indicated the injured worker continued to have medial pain, instability, weakness, and occasional popping. Consideration of revision surgery was discussed. The 10/12/15 treating physician report cited increased right knee symptoms with pain, crepitus, grinding, and feeling of knocking in the joint itself on flexion and rotation. Authorization was requested for right total knee revision, exploration, synovectomy, and liner exchange with associated surgical requests including home health nurse 1 to 2 times per week for 2 weeks. The 10/21/15 utilization review certified the request for right total knee revision, exploration, synovectomy, and liner exchange. The request for home health nurse 1-2 times per week for 2 weeks to two home health nurse visits once a week for two weeks as there was no apparent medical necessity for this request and once a week would be reasonable for wound check.

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 nurse 1-2 times a week times 2 weeks:

Overtured

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

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

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. Guideline criteria have been met. This injured worker is expected to be home bound, at least on a part time basis, for at least two weeks following hospital discharge. Home health services for two weeks following total knee revision surgery would be reasonable based on the presumption of anti-coagulant therapy requiring skilled nursing for monitoring purposes and wound checks, including suture/staple removal. Therefore, this request is medically necessary.