MAXIMUS Federal Services

Case Number:	CM15-0030493		
Date Assigned:	02/24/2015	Date of Injury:	02/23/2010
Decision Date:	04/07/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/18/2015

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: Minnesota, Florida
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:

The injured worker is a 51 year old female, who sustained an industrial injury on 2/23/2010. The details of the initial injury and prior treatments were not submitted for review. The diagnoses have included osteomyelitis and degenerative joint disease left knee.Currently, the IW complains of left knee pain with difficulty completing Activities of Daily Living (ADLs). The physical examination from 12/9/14 documented limited Range of Motion (ROM) of left knee with tenderness and synovitis and with increased laxity. The provider documented that she is considered for a total knee replacement with a biopsy pending to determine the possibility of active osteomyelitis. The diagnosis was osteomyelitis, infection, left knee. The certified surgical procedure is arthroscopy with a biopsy to determine if there is active osteomyelitis present. The IW is reported to be obese. On 1/22/2015 Utilization Review non-certified a post operative DME: cold therapy unit rental for two weeks, homecare/housekeeping for two weeks, and medically supervised weight loss. The MTUS and ODG Guidelines were cited. On 2/18/2015, the injured worker submitted an application for IMR for review of a post operative DME: cold therapy unit rental for two weeks, homecare/housekeeping for two weeks, and medically supervised weight loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op cold therapy unit rental for 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Continuous Flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Knee, Topic: Continuous flow cryotherapy.

Decision rationale: ODG guidelines recommend continuous flow cryotherapy as an option after knee surgery. The general period of use is 7 days. Use beyond 7 days is not recommended. It reduces pain, inflammation, swelling, and need for narcotics after surgery. The request as stated is for a 2 week rental. This is not supported by guidelines and as such, the medical necessity of the request has not been substantiated.

Homecare, housekeeping for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The guidelines support medical services for homebound patients. However, housekeeping services are not supported. There is no indication that the IW will be homebound after the arthroscopy. As such, the request for homecare, housekeeping for 2 weeks is not supported and the medical necessity is not established.

Medically supervised weight loss: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Weight loss outcomes: a systematic review and meta analysis of weight loss clinical trials with a minimum 1-year follow up.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation EVALUATION AND MANAGEMENT OF OBESITY, Harrison?s Principles of Internal Medicine 18th Edition, page 629.

Decision rationale: The vast majority of cases of obesity can be attributed to behavioral features that affect diet and physical activity patterns. Because obesity is a fundamentally a disease of energy imbalance, all patients must learn how and when energy is consumed (diet), how and when energy is expended (physical activity), and how to incorporate this information into their daily lives (behavior therapy). The documentation provided does not indicate lifestyle changes with particular attention to diet and exercise have been tried. As such the request for medically

supervised weight loss is not supported and the medical necessity of the request has not been substantiated.