

Case Number:	CM15-0033096		
Date Assigned:	02/26/2015	Date of Injury:	08/07/2013
Decision Date:	04/13/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/23/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 an industrial injury on August 7, 2013. He has reported knee injury. The diagnoses have included osteoarthritis of the left knee. Treatment to date has included left knee surgery, medications, and physical therapy. Currently, the IW complains of continued left knee pain after surgery. Physical findings are noted as impaired fine motor strength in the right upper extremity. He reported possible carpal tunnel syndrome. Physical therapy noted improvement in transfers and ambulation with a front wheel walker. Range of motion is 0-74 degrees, and ambulation to 100 feet with assistive device. On February 11, 2015, Utilization Review non-certified Registered Nurse, skilled nursing visits, and 1 occupational therapy visit. The requested 6 physical therapy visits were certified. The MTUS guidelines were cited. On February 19, 2015, the injured worker submitted an application for IMR for review of Registered Nurse, skilled nursing visits, and 6 physical therapy visits, and 1 occupational therapy visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 RN/skilled nursing visits: Overturned

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 2/11/15 Utilization Review letter states the 4 RN/Skilled nursing visits were denied because 4 skilled nursing visits were previously authorized on 10/28/14 and there was not rationale for additional visits. The surgery was on 1/21/15. The patient underwent physical therapy and occupational therapy evaluation on 1/22/15 and was released from the hospital on 1/23/15. The request for the 4 skilled nursing visits were for 1/27/15 to 2/27/15. There is no indication that the patient completed the authorized 4 skilled nursing visits that were authorized on 10/28/14. The 10/28/14 authorization letter was not provided for this review, so it is difficult to see whether the authorization expired before the patient underwent the surgery 3-months later. MTUS Chronic Pain Medical Treatment Guidelines, pg 51 for Home health services states: 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. The patient underwent a knee replacement surgery. 4 skilled nursing visits following the surgery are in accordance with MTUS guidelines. The records do not show that the patient has had any of the skilled nursing visits since the surgery. The request involving 4 RN/Skilled nursing visits IS medically necessary.

1 occupational therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The 2/11/15 Utilization Review letter states the Occupational therapy was denied because the claimant's initial occupational visit was on 1/22/15 and there was no response to prior occupational therapy, and no rationale. The patient underwent a knee replacement surgery was on 1/21/15. The patient underwent physical therapy and occupational therapy evaluation on 1/22/15 and was released from the hospital on 1/23/15. Additional physical therapy visits for postsurgical rehabilitation were approved. Occupational therapy was denied. MTUS/Postsurgical Treatment Guidelines for Arthritis (Arthropathy, unspecified) (ICD9 716.9): Arthroplasty, knee shows the general course of care for Postsurgical treatment is 24 visits over 10 weeks; and the Postsurgical physical medicine treatment period is 4 months. The single occupational therapy session requested for the postsurgical physical medicine treatment period is in accordance with MTUS guidelines. The requested Occupational therapy x1 IS medically necessary.