

<b>Case Number:</b>	CM15-0037670		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	12/06/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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:

The injured worker is a 49-year-old male who sustained an industrial injury on 12/6/11. Injury occurred while he was descending a flight of stairs and twisted his left knee awkwardly and felt a pop in his left ankle. He was diagnosed with a distal fibula fracture. The 12/8/14 left knee MR arthrogram impression documented tricompartmental osteoarthritis, most severe in the lateral compartment with full thickness cartilage denuding, and spurring and reactive subchondral edema within the lateral tibial plateau and lateral femoral condyle. There was a macerated tear of the lateral meniscus and a possible old flap or a closed flap medial meniscus tear. The 1/19/15 treating physician report indicated the injured worker was now ambulating with two crutches and using two knee braces. The left knee had trouble bending or straightening fully. Left knee exam documented atrophy, effusion, and moderate to severe medial joint line and patellofemoral joint tenderness with restricted range of motion. Left knee x-rays showed arthritis and bone on bone joint narrowing. The diagnoses included knee degenerative joint disease, hip arthralgia, ankle/foot arthralgia, knee joint crepitus, left leg joint pain and difficulty walking. The treatment plan included left knee replacement and associated surgical requests. The 2/4/15 utilization review certified the request for total knee replacement. The request for home physical therapy 3x4 was partially certified 3x2, and a request for 12 out-patient physical therapy visits was certified. The request for a Cold Flow unit purchase was partially certified to purchase of a standard cold therapy unit, not a brand name unit. The request for purchase of a continuous passive motion unit was partially certified for 21 day rental consistent with guidelines. The request for a bedside commode was non-certified as there was no evidence that the patient would

be unable to transfer to and from a toilet. The request for a home health caregiver for 2 weeks was partially certified to one home health evaluation to determine if the patient needs assistance at home post knee surgery.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Associated Surgical Service: Home Physical Therapy 3 Times a Week for 4 Weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51, Postsurgical Treatment Guidelines Page(s): 24.

**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. The California MTUS Post-Surgical Treatment Guidelines for knee arthroplasty suggest a general course of 24 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. The 2/4/15 utilization review partially certified this request for home physical therapy 3x2, with additional out-patient physical therapy certified for 12 visits. An initial 6-visit course of home health physical therapy following total knee arthroplasty is consistent with guidelines as the patient would be expected to be homebound on an intermittent basis. There is no compelling rationale to support the medical necessity of additional treatment at this time. Therefore, this request is not medically necessary.

**Associated Surgical Service: Cold Flow Unit Purchase:** 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).

**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: Continuous flow cryotherapy.

**Decision rationale:** The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee surgery. The 2/4/15 utilization review decision recommended partial certification of a standard cold therapy unit purchase over the specific Cool Flow unit. There is no compelling reason in the medical records to support the medical necessity of additional certification of a cold therapy unit, or one specific unit over another. Therefore, this request is not medically necessary.

**Associated Surgical Service: CPM Purchase:** 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).

**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: Continuous passive motion (CPM).

**Decision rationale:** The California MTUS does not provide recommendations for a continuous passive motion (CPM) unit following total knee arthroplasty. The Official Disability Guidelines recommend the use of CPM devices in the acute hospital setting for no more than 21 days following total knee arthroplasty and for home use up to 17 days while the patients at risk of a stiff knee are immobile or unable to bear weight following a total knee arthroplasty. The 2/4/15 utilization review partially certified a CPM unit for 21-day rental consistent with guidelines. There is no compelling reason to support the medical necessity of CPM unit purchase. Therefore, this request is not medically necessary.

**Associated Surgical Service: Bedside Commode Purchase:** 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).

**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, Bathtub seats; Durable medical equipment (DME).

**Decision rationale:** The California MTUS is silent regarding this durable medical equipment. The Official Disability Guidelines state that certain DME toilet items (commodes) are medically necessary if the patient is room-confined or when prescribed as part of a medical treatment plan for injury or conditions that result in physical limitations. Guideline criteria have not been met. There is no indication that the patient will be room confined following hospital discharge from a total knee replacement to support the medical necessity of a bedside commode. Therefore, this request is not medically necessary.

**Associated Surgical Service: Home Health Caregiver for 2 Weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**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. 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. The 2/4/15 utilization review partially certified this request to

include a home health evaluation to determine the injured worker's needs following knee surgery. There is no compelling reason to support the medical necessity of additional services at this time. Therefore, this request is not medically necessary.