

Case Number:	CM15-0048332		
Date Assigned:	03/20/2015	Date of Injury:	07/27/2012
Decision Date:	05/12/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/13/2015

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, Arizona
 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 59-year-old male who reported an injury on 07/27/2012. The mechanism of injury was stepping off a forklift. His diagnoses include status post left knee injury with earlier surgery, with partial meniscectomy and other procedures, and subsequent partial knee replacement with continued pain and difficulty with his gait. The surgery history includes a left knee partial knee replacement on 12/31/2013. The injured worker noted that he has occasional leg cramps at night. He has swollen legs due to hot weather. He has pain in his left knee. He has severe difficulty with bathing and dressing. He also has severe difficulty with walking or climbing stairs due to his left knee pain. The physical exam noted there were no knee or ankle jerks that could be elicited. The injured worker had normal sensation and strength. The injured worker had a previous electrocardiogram and spirometry. The injured worker had an unofficial x-ray that demonstrates a periprosthetic fracture. Medications include benazepril, glimepiride, hydrochlorothiazide, insulin, metformin, and simvastatin. The treatment plan is for the injured worker to obtain his knee surgery and postoperative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home physical therapy (2-3 times a week for 2 weeks), 9 visits: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): s 24 and 10-12.

Decision rationale: The injured worker is to receive surgery on his left knee for osteoarthritis and possible periprosthetic fracture. The injured worker has difficulty with walking, as well as swelling of the left leg. He had a previous surgery on his left knee on 12/31/2013. The California Medical Treatment Guidelines recommend 24 postsurgical treatment visits over 10 weeks. Patients should receive 12 initial therapy visits. After documentation of a functional improvement, the subsequent course of therapy should be prescribed. Therefore, the request for home physical therapy 2 to 3 times a week for 2 weeks for 9 visits is medically necessary.

Gait training ROM strengthening for post-operative: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): s 24 and 10-12.

Decision rationale: The injured worker is going to receive as knee surgery for left knee osteoarthritis and possible periprosthetic fracture. The injured worker has difficulty with walking, as well as left knee pain. The injured worker also has swelling of the left knee. The guidelines recommend a total of 24 visits over 10 weeks, with an initial 12 visits. After the initial 12 visits, there should be documentation of functional improvement, and then a subsequent course of physical therapy may be prescribed. The request for gait training and range of motion strengthening is not supported. The concurrent request is certified for 9 visits of in home physical therapy. Gait training and range of motion strengthening would be provided during those physical therapy visits. Therefore, a duplicate request for gait training and range of motion strengthening would not be needed. The request for gait training range of motion strengthening for postoperative is not medically necessary.

Outpatient physical therapy conditioning left lower extremity x 12 visits (to begin 2 weeks post-operative): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): s 24 and 10-12.

Decision rationale: The injured worker is to receive a surgery on the left knee for osteoarthritis and possible periprosthetic fracture. The injured worker has difficulty with walking, as well as leg pain. The injured worker has swelling of the left leg. The California Medical Treatment

Guidelines recommend a total of 24 postsurgical physical therapy visits. The injured worker should receive an initial 12 visits of physical therapy, and then have documentation of functional improvement. After functional improvement has been documented, a subsequent course of physical therapy may be prescribed. The request for outpatient physical therapy is not supported due to needing to complete an initial 12 visits of physical therapy. After the initial therapy visits, there should be documentation of functional improvement. Therefore, the request for outpatient physical therapy conditioning, left lower extremity x12 visits to begin 2 weeks postoperative is not medically necessary.

Vascutherm with DVT x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Venous Thrombosis.

Decision rationale: The injured worker is to receive a surgery for left knee osteoarthritis and possible periprosthetic fracture. The injured worker has difficulty walking, as well as left knee pain. The injured worker also has left knee swelling. The injured worker has a previous knee replacement on 12/31/2013. The Official Disability Guidelines recommend anticoagulation therapy for patients who are at high risk of developing venous thrombosis. There is no documentation that the injured worker has a high risk of developing venous thrombosis. There is also no documentation that venous thrombosis cannot be prevented with oral medications or compression stockings. Therefore, the request for VascuTherm with DVT x1 is not medically necessary.

Cold and compression x1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Game Ready accelerated recovery system.

Decision rationale: The injured worker is to have surgery for left knee osteoarthritis and possible periprosthetic fracture. The injured worker has difficulty walking with knee pain. The injured worker also has knee swelling. The Official Disability Guidelines recommend cold compression therapy as an option after surgery, but not for nonsurgical treatment. There are studies on continuous flow cryotherapy, but there are no published high quality studies on the Game Ready device or any other combined system. Since there is a lack of studies to support the use of a cold compression device the request is not supported. Therefore, the request for cold and compression x1 is not medically necessary.