

Case Number:	CM15-0052913		
Date Assigned:	04/16/2015	Date of Injury:	03/25/2009
Decision Date:	06/03/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/20/2015

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: Orthopedic Surgery, Sports Medicine

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 62 year old female, who sustained an industrial injury on 3/25/2009. She reported being crushed by a power door, while employed as a transit operator. The injured worker was diagnosed as having osteoarthritis, localized, not specified whether primary or secondary, lower leg. Treatment to date has included left shoulder surgery in 2009, left shoulder injections, right knee Orthovisc injections x2, left knee Orthovisc injections x3, diagnostics, physical therapy, activity modification, bracing, and medications, including Tylenol and non-steroidal anti-inflammatories. X-rays of the left shoulder and bilateral knees were referenced. The documentation of 02/20/2015 revealed the injured worker complained of sharp right knee pain and moderate left knee pain. Her body mass index was documented as below 35% and she was unable to lose weight. Her height was 64 inches and weight was 216 pounds, with a BMI of 37.7 %. Increased pain, with failed conservative treatment, was noted. Current medications included topical Pennsaid, Prednisone, Omeprazole, Lidopro ointment, and Naproxen. Co-morbid conditions were not noted. The treatment plan included a right total knee replacement. The surgical intervention was found to be medically necessary and a 3 day inpatient stay was found to be medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Skilled nursing facility visit QTY: 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary last updated 01/30/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Skilled nursing facility (SNF) care.

Decision rationale: The Official Disability Guidelines indicate that skilled nursing care is recommended if the injured worker has been hospitalized for at least 3 days for major or multiple trauma or major surgery including a total knee replacement and if the injured worker was admitted to the SNF unit within 30 days of discharge. There should be documentation that the injured worker needs SNF care for postoperative treatment due to significant functional limitations. The clinical documentation submitted for review failed to provide documentation the injured worker would need skilled nursing facility care. The request as submitted would be excessive without re-evaluation. Given the above, the request for associated surgical service: skilled nursing facility visit qty: 10 is not medically necessary.

Associated Surgical Service: Home health service with physical therapy for 2 weeks, a total of 14 days: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends home health services for injured workers who are homebound and who are in need of part time or intermittent medical treatment of up to 35 hours per week. 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 California MTUS Postsurgical Treatment Guidelines recommended 24 sessions post-operative for an arthroplasty with the initial recommended treatment half the recommended number of visits, which would be 12. There was a lack of documentation indicating a necessity for home health service and home physical therapy. There was a lack of documentation indicating the injured worker would have an inability to attend physical medicine treatment at an outpatient facility. Given the above, the request for Associated Surgical Service: Home health service with physical therapy for 2 weeks, a total of 14 days is not medically necessary. Additionally, there was a lack of documentation indicating the injured worker would be homebound and would be in need of intermittent medical treatment.

Xeralto: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Venous Thrombosis and Other Medical Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.php?searchterm=Xarelto&a=1>.

Decision rationale: The Official Disability Guidelines indicate that patients should be assessed for the risk of deep venous thrombosis and if found to be at risk, there should be consideration made for oral anticoagulation therapy. The medication Xarelto is for oral anticoagulation. There was a lack of documentation indicating the injured worker was found to be at risk for deep venous thrombosis and the request as submitted failed to indicate the frequency, quantity, and strength for the requested medication. Given the above, the request for Xarelto is not medically necessary.

Celebrex: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to indicate the injured worker had objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency, quantity, and strength for the requested medication. Given the above, the request for Celebrex is not medically necessary.

Associated Surgical Service: EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative electrocardiogram (ECG).

Decision rationale: The Official Disability Guidelines indicate that EKGs are recommended for injured workers undergoing intermediate risk surgery which includes orthopedic surgery that is non-ambulatory. The clinical documentation submitted for review indicated the injured worker had been approved for a non-ambulatory surgery which would be a total knee replacement. The injured worker would be appropriate for the use of an EKG. Given the above, the request for associated surgical service EKG is medically necessary.