

Case Number:	CM15-0055017		
Date Assigned:	04/16/2015	Date of Injury:	06/23/1999
Decision Date:	07/29/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/23/2015

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: 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 63 year old male, who sustained an industrial injury on 6/23/99. The injured worker has complaints of progressive left knee pain. The diagnoses have included status post successful bilateral total hip arthroplasties; status post right total knee arthroplasty and severe degenerative joint disease of the left knee. Exam note 2/23/15 demonstrates pain on the lateral aspect of the knee worse with activity. Antalgic gait is noted. Treatment to date has included status post right total hip arthroplasty; history of right total knee arthroplasty; history of left hip replacement; injections; right hip X-ray and left knee X-ray. The request was for 14 day rental of cold therapy unit; purchase of continuous passive motion; purchase of 3 in 1 commode; purchase of crutches; home health aide, 4-6 hours per week for 2 weeks; inpatient acute rehab stay times 2 weeks; lovenox 40mg prefilled syringes #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

14 Day Rental of Cold Therapy Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Knee and Leg Procedure Summary, Online Version, Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter regarding continuous flow cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case, the request exceeds the recommended amount of days. Therefore, the determination is not medically necessary.

Purchase of CPM: 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 and Leg Procedure Summary, Online Version, Criteria for the use of continuous passive motion devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg, CPM.

Decision rationale: CA MTUS/ACOEM is silent on the issue of CPM. According to ODG Knee and Leg, CPM is medically necessary postoperatively for 4-10 consecutive days but no more than 21 following total knee arthroplasty. In this case, there is an unspecified amount of days requesting the CPM. Therefore, the determination is not medically necessary.

Purchase of 3:1 Commode: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Knee and Leg Procedure, Online Version, Durable medical equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg, DME toilet items.

Decision rationale: CA MTUS/ACOEM is silent on the issue of commode. Per the ODG Knee and Leg, DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as a raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. In this case, the exam note from 2/23/15 does not demonstrate any functional limitations to warrant a commode postoperatively. Therefore, the determination is not medically necessary.

Purchase of Crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Knee and Leg Procedure, Online Version, Crutches.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG knee chapter, walking aids.

Decision rationale: The CA MTUS/ACOEM guidelines are silent regarding crutches. According to the ODG knee chapter, walking aids, Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA. In a similar manner to which can use unloads the limb, weight loss also decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals. In this case, there is lack of functional deficits noted in the exam note from 2/23/15 to warrant crutches. Therefore, the determination is not medically necessary.

Home Health Aid, 4-6 hours per week 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: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are homebound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration. There is no evidence in the records from 2/23/15 that the patient is home bound. There are no other substantiating reasons why home health services are required. Therefore, determination is not medically necessary.

Inpatient Acute Rehab Stay x 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 - TWC Knee and Leg Procedure, Online Version, Skilled Nursing Facility LOS (SNF).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg, Skilled nursing facility LOS (SNF).

Decision rationale: CA MTUS/ACOEM is silent on the issue of acute rehab or skilled nursing length of stay. According to the ODG, Knee and Leg, Skilled nursing facility LOS (SNF), recommend up to 10-18 days in a skilled nursing facility (SNF) or 6-12 days in an inpatient rehabilitation facility (IRF), as an option but not a requirement, depending on the degree of functional limitation, ongoing skilled nursing and / or rehabilitation care needs, patient ability to participate with rehabilitation, documentation of continued progress with rehabilitation goals, and availability of proven facilities, immediately following 3-4 days acute hospital stay for arthroplasty. The decision for acute rehab or skilled nursing facility will be dependent on the outcome following the knee replacement and objective criteria during the acute inpatient admission. As there is no evidence of the results of the rehab process during the inpatient admission, the determination is not medically necessary.

Lovenox 40mg Prefilled Syringes #10: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Knee and Leg Procedure Summary, Venous thrombosis; TWC Hip & Pelvis Procedure Summary, Enoxaparin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and leg section, Venous thrombosis.

Decision rationale: CA MTUS/ACOEM is silent on the issue of Lovenox. According to the ODG, Knee and leg section, Venous thrombosis, Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. In this case, if the left total hip replacement is authorized Lovenox for 14 days postoperatively would be recommended to prevent venous thrombosis, a known complication of hip and knee arthroplasty. Therefore, the determination is for certification and is medically necessary. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.