MAXIMUS Federal Services

Case Number:	CM15-0059276		
Date Assigned:	04/03/2015	Date of Injury:	02/24/2014
Decision Date:	05/27/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/30/2015

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 was a 77-year-old female, who sustained an industrial injury, February 24, 2014. The injured worker previously received the following treatments right knee arthroplasty on January 14, 2015, right and left knee x-rays, cervical spine x-ray, right knee MRI, Synvisc injections in bilateral knees, physical therapy and Naproxen. The injured worker was diagnosed with right knee arthroplasty severe degenerative joint disease of the right knee, severe degenerative joint disease of the left knee, cervical spine myoligamentous sprain/strain and cervical degenerative disc disease. According to progress note of February 25, 2015, the injured worker was status post right total knee replacement on January 14, 2015. The injured worker had moderate postoperative pain. The physical exam noted mild swelling with a small effusion. The incision was healed. The injured worker was within three degrees of full extension and 90 degrees of flexion. The injured worker was participating in outpatient physical therapy. The discharge order of February 5, 2015, had written order for CPM at home with a physical therapy home safety evaluation and registered nurse to assess for incisional care. The treatment plan included retroactive payments for pads times thirty day rental, front wheeled walker, 3 in 1 commode purchase and a continuous range of motions machine 30 day rental was first requested on October 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective pads for 30 days rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 02/05/15).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 113-117.

Decision rationale: According to the California MTUS Guidelines, although a TENS unit may be utilized as an adjunctive treatment to ongoing treatment modalities, there was no documentation that the patient would be utilizing a TENS as an adjunctive therapy towards an evidence based modality. The most recent clinical documentation did not find that the injured worker had been utilizing a TENS unit successfully for ongoing treatment and thus necessitate additional pads. As such, after review of the clinical documentation, the requested service is not considered medically necessary.

Retrospective front wheel walker 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) Knee & Leg (updated 02/05/15).

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 Chapter, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: According to the Official Disability Guidelines, although the injured worker was identified as having pathology related to her bilateral knees, there was no identification that she was considered a fall risk or would necessitate an additional assistive device for ambulation as the documentation noted that she had been utilizing a cane for walking. Therefore, front wheel walker is not medically necessary.

Retrospective 3 in 1 commode purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 02/05/15).

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 Chapter, Durable Medical Equipment.

Decision rationale: According to the Official Disability Guidelines, a 3 in 1 commode may be utilized in a patient's home due to a medical condition. However, at the time of the request, there was no indication that the injured worker had difficulty utilizing her current accommodations.

Therefore, without a more thorough rationale for the use of the 3 in 1 commode purchase, the requested service is not considered medically necessary.

Retrospective knee continuous passive motion (CPM) for 30 days rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 02/05/15).

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 Chapter, Continuous Passive Motion (CPM).

Decision rationale: According to the Official Disability Guidelines, a continuous passive motion device is only indicated for up to 21 days postoperatively. The request exceeds the maximum allowance for use of the CPM machine. Additionally, at the time of the requested service, the injured worker had not undergone surgery and was not slated to undergo the surgical procedure in the immediate future to warrant the use of a continuous range of motion machine. Therefore, after review of the clinical documentation, the requested service was not considered medically necessary.