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| <b>Case Number:</b>   | CM15-0086680 |                              |            |
| <b>Date Assigned:</b> | 05/08/2015   | <b>Date of Injury:</b>       | 11/13/2001 |
| <b>Decision Date:</b> | 06/22/2015   | <b>UR Denial Date:</b>       | 04/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/05/2015 |

### 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, Indiana, Oregon  
 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 54 year old male, who sustained an industrial injury on 11/13/2001. The initial complaints or symptoms included right elbow and head injury resulting from a fall. The injured worker was diagnosed as having contusion to the elbow. Following the accident, the injured worker developed right knee pain. Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapies, injections, and multiple bilateral knee surgeries. Currently, the injured worker complains of constant bilateral knee pain, and instability and weakness in the right knee. The diagnoses include internal derangement of the knee, failed total right knee replacement, degenerative disc disease, and obesity. The request for authorization included the following denied services: associated surgical services of 6 sessions of home physical therapy, continuous cold therapy unit for 7 days, and 3-1 commode.

### 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 x 6: Upheld**

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

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of home physical therapy. According to ODG, Knee and Leg, home health services including physical therapy are only for medical treatment in patients who are home-bound 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 3/181/15 that the patient is home bound. There is no other substantiating reason why home health physical therapy is required. The request is not medically necessary.

**Associated surgical service: Continuous cold therapy unit x 7 days:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg procedure summary online version.

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Knee Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. In this case the request is in keeping with the guidelines and is medically necessary.

**Associated surgical service: 3-1 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), Procedure summary online version.

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

**Decision rationale:** CA MTUS/ACOM is silent on the issue of issuance of DME commode after revision TKA. Per ODG Knee/Leg, the use of Durable Medical Equipment (DME) is intended to relieve pain in arthritis and can be recommended. However the DME definition in the same section states that DME is durable and could normally be rented and used by successive patients. In this case the request is for the purchase of a commode. Based on the above, the request for the purchase is not medically necessary.