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| Case Number: | CM15-0089800 | | |
| Date Assigned: | 05/14/2015 | Date of Injury: | 12/06/1987 |
| Decision Date: | 06/22/2015 | UR Denial Date: | 04/16/2015 |
| Priority: | Standard | Application Received: | 05/11/2015 |

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, Pain Management

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 56 year old male, who sustained an industrial injury on 12/6/87. He reported left knee pain. The injured worker was diagnosed as having severe osteoarthritis of bilateral knees. Treatment to date has included arthroscopic partial meniscectomy, viscosupplementation, multiple steroid injections, and medications such as Advil and Aleve. X-rays revealed right knee severe tricompartmental osteoarthritis and left knee lateral osteoarthritis. Currently, the injured worker complains of bilateral knee pain. The treating physician requested authorization for post-operative outpatient venous doppler ultrasound for swelling to rule out deep vein thrombosis, post-operative pain medication, post-operative wedge cushion for elevation, and a joint kit (reacher, sock aide, long handled shoe horn, and bath sponge). The treatment plan included bilateral total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Outpatient Venous Doppler Ultrasound for swelling to R/O DVT: 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 <http://emedicine.medscape.com/article/1362989-overview>.

Decision rationale: Regarding the request for ultrasound for DVT, ACOEM, California MTUS, and ODG do not address this request. Ultrasound is indicated to evaluate for DVT in patients at high risk who have subjective complaints and physical findings suggestive of the diagnosis. A high index of suspicion is recommended. Within the documentation available for review, there are no subjective complaints or physical examination findings suggesting a diagnosis of DVT. In the absence of such documentation, the currently requested Post-Operative Outpatient Venous Doppler Ultrasound for swelling to R/O DVT is not medically necessary.

Pos-Op Pain Medication: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Pos-Op Pain Medication, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no clarification as to exactly what medications are being requested. Additionally, there is no documentation regarding the frequency of use, duration of use, or opiate risk stratification. Unfortunately, there is no provision to modify the current request. In light of the above issues, the currently requested Pos-Op Pain Medication is not medically necessary.

Post Operative Wedge Cushion for elevation and joint kit (reacher, sock aide, long handled shoe horn, bath sponge): 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 & Leg.

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, Durable medical equipment (DME).

Decision rationale: Regarding the request for Post Operative Wedge Cushion for elevation and joint kit (reacher, sock aide, long handled shoe horn, bath sponge), California MTUS does not address the issue. ODG states certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as 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. Within the documentation available for review, it is clear the requesting physician is pursuing surgical intervention. However, there is no statement indicating why each of the requested DME devices would be needed postoperatively. Furthermore, there is no indication as to how long each of these is expected to be needed following the requested

surgical intervention. In the absence of clarity regarding his issues, the currently requested Post Operative Wedge Cushion for elevation and joint kit (reacher, sock aide, long handled shoe horn, bath sponge) is not medically necessary.