MAXIMUS Federal Services

Case Number:	CM15-0097688		
Date Assigned:	05/28/2015	Date of Injury:	04/21/2010
Decision Date:	11/17/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/20/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 with a date of injury on 04-21-2010. The injured worker is undergoing treatment for sprain and strain of the knee and leg, right knee internal derangement of the knee and other unspecified derangement of the medial meniscus. There are comorbid diagnoses of metabolic syndrome likely secondary to obesity. Physician progress notes dated 02-10-2015 to 04-10-2015 documents the injured worker is complaining of constant right knee pain. Her pain is aggravated by walking or standing. She reports he knee gives way. She rates her pain as 7-9 out of 10. She has swelling popping and clicking. There is tenderness to palpation of the anterior knee and posterior knee. There is muscle spasm of the posterior knee. Flexion is 110 degrees and extension id 0 degrees. There is a positive McMurray's click. She has an antalgic gait. She is not working. Treatment to date has included diagnostic studies, medications, intraarticular injections, physical therapy, acupuncture, psychotherapy and biofeedback, use of a cane and brace. An unofficial Magnetic Resonance Imaging of the right knee shows a tear of the posterior horn of the medial meniscus. Medications include Cyclobenzaprine, Gabapentin, Tramadol ER, and topical creams. The request for Authorization dated 05-06-2015 includes right knee arthroscopy with partial meniscectomy and debridement, internal medicine preoperative clearance, RN assessment for post-operative wound care and home aide as needed related to right knee surgery, as an outpatient, 12 sessions of postoperative physical therapy, motorized cold therapy unit, deep vein thrombosis unit and mobility crutches. On 05-20-2015 Utilization Review non-certified the request for RN assessment for post-operative wound care and home aid as needed related to right knee surgery, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

RN assessment for post-operative wound care and home aid as needed related to right knee surgery, as an outpatient: 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), www.odg-twc.com;Section; Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TKA, post-operative care.

Decision rationale: The ACOEM and the California MTUS does not address the requested service. The ODG states that post-operative care is dependent of the patient's surgery performed, response to surgery and the co-morbid conditions of the patient. In this case, the surgery itself for TKA has been denied and therefore any post-operative care is not medically necessary.