

Case Number:	CM15-0234318		
Date Assigned:	12/09/2015	Date of Injury:	09/18/2013
Decision Date:	01/20/2016	UR Denial Date:	11/24/2015
Priority:	Standard	Application Received:	11/30/2015

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: 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 59-year-old female, who sustained an industrial injury on 9-18-2013. According to physician documentation, the injured worker was diagnosed with degenerative joint disease of the bilateral knees and left knee meniscal tear. Subjective findings dated 9-6-2015, 10-14-2015 & 11-13-2015 were notable for frequent pain in the knees traveling to the right lower extremity, described as stabbing and throbbing, rated 7-9 out of 10, with tingling in the left lower extremity that is reduced with rest, activity modification and heat. Objective findings dated 9-6-2015, 10-14-2015 & 11-13-2015 were notable for antalgic gait favoring the left, moderate tenderness of the knee at the medial peripatellar, lateral peripatellar and pain and crepitus in patellofemoral joint on the right, minimal tenderness at the medial peripatellar on the left and positive McMurray's test with internal rotation and external rotation. Treatments to date have included Ultram ER 50mg, and physical therapy. The Utilization Review determination dated 11-24-2015 modified physical therapy to allow 3x4 session, and did not certify rehabilitation program x 2 weeks and post op home health care for 6 sessions over 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy (right knee) (3x / 6): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: The MTUS post surgical guidelines recommend 24 session of post operative physical therapy status post knee replacement. The MTUS guidelines also recommend an initial half of the recommended amount to determine efficacy. The injured worker had been scheduled to undergo right total knee replacement. Utilization Review had allowed modification to allow 3x4 sessions, which is consistent with the MTUS guidelines. The request for Post-op physical therapy (right knee) (3x / 6) is therefore not medically necessary and appropriate.

Rehabilitation program (right knee) x 2 weeks: Overturned

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 and 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 Chapter/ Skilled nursing facility (SNF) care Knee Chapter/Skilled nursing facility LOS (SNF).

Decision rationale: According to ODG, for patients with knee replacement and patients with hip replacement, inpatient rehabilitation facilities (IRFs) had better outcomes than did skilled nursing facilities (SNFs), because earlier and more intensive rehabilitation was associated with better outcomes. ODG recommends 6-12 days in an inpatient rehabilitation facility. In this case, the medical records note that the injured worker is a 59-year-old female who had been scheduled to undergo right total knee replacement. A review of the medical records note that the injured worker live alone. The request for Rehabilitation program (right knee) x 2 weeks is medically necessary and appropriate.

Post-op home health care (right knee) 6 sessions over 2 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: According to the MTUS guidelines, home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case, the medical records note that the injured worker is to undergo right total knee replacement. The medical records also indicate that the injured worker lives alone. The request for Post-op home health care (right knee) 6 sessions over 2 weeks is medically necessary and appropriate.