

Case Number:	CM14-0138264		
Date Assigned:	09/05/2014	Date of Injury:	09/23/2011
Decision Date:	10/16/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/26/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 62 year old female who reported an injury on 09/23/2011. The mechanism of injury was not specified. Her diagnoses included arthritis, lumbar radiculitis, cervical stenosis, bursitis of the hip, hip dysplasia, meniscus tear, Meniere disease, and anemia. An MRI of the cervical and lumbar spine, the right and left hip, and the right and left knee was done on 02/17/2012. She had a right hip replacement, a right knee surgery, spine surgery, micro discectomy of a lumbar disk. Her treatment included physical therapy and a home exercise program. It was noted on 07/24/2014 that the injured worker was recommended for left and right knee surgery. During this visit the injured worker complained of bilateral knee pain, neck pain, right hip pain, and low back pain. She reported that the physical therapy provided "excellent results" for her. Physical examination revealed mildly positive Lachman's on the right and mildly positive McMurray's bilaterally. Her medications were noted as Norco 10/325mg 1 tablet every 8 hours as needed and Voltaren gel 1%. The treatment plan was for post-operative home health 2-3 times per week for 2 weeks. The rationale for request and the request for authorization form were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Home Health two to three times a week for two weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: Based on the clinical information submitted for review, the request for post-operative home health 2-3 times per week for 2 weeks is not medically necessary. As stated in California MTUS Guidelines, home health services are recommended for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week and only for otherwise recommended medical treatment. The injured worker reported continuous knee pain. An MRI on 02/17/2012 of her right knee revealed a tear of the anterior cruciate ligament, arthritic changes involving medial compartment, and a sprain of the medial cruciate ligament. It was noted on 07/24/2014 that the injured worker was recommended for left and right knee surgery. The guidelines recommend home health services for patients who are homebound on a part-time basis; however it was not noted that the injured worker was post-surgery and homebound. Although a post-operative home health evaluation would be warranted, there was a lack of documentation showing that she was post-operative and required medical treatment at home. As such, the request for post-operative home health 2-3 times per week for 2 weeks is not medically necessary.

Physical Therapy two to three times a week for six to eight weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on the clinical information submitted for review, the request for Physical Therapy 2-3 times per week for 6-8 weeks is not medically necessary. As stated in the California MTUS guidelines, passive therapy can provide short term relief during the early stages of pain treatment and can be used in combination with active therapy to help control swelling, pain, and inflammation during the rehabilitation process. The guidelines indicate up to 10 visits of physical medicine. The injured worker reported bilateral knee pain and it was noted that she was recommended for bilateral knee surgery. She was started on physical therapy, which she was to be seen 2-3 times per week for 6 weeks, and she reported "excellent results" and she felt her strength had improved "dramatically" with a decrease in her pain. Although the injured worker reported "excellent results" with a decrease in her pain, there was insufficient objective documentation that displayed the improvement that was made. The note from 07/24/2014 noted that she had nearly full range of motion with flexion and extension of the bilateral knees. The physician recommended the injured worker undergo a meniscectomy to the left knee and an ACL repair to the right knee. There was a lack of documentation indicating the injured worker has undergone or is scheduled to undergo surgery in the near future. The guidelines suggest up to 10 visits of physical therapy; however, it was noted she would receive physical therapy 2-3 times per week for 6 weeks, which exceeds the indicated 10 visits. There was a lack of documentation to warrant additional visits as she was noted to have nearly full range of motion with flexion and extension in her bilateral knees at her last visit. A home exercise program would be suitable for minor improvements. The submitted request did not indicate the site at which the physical

therapy is to be performed. As such, the request for Physical Therapy 2-3 times per week for 6-8 weeks is not medically necessary.