

<b>Case Number:</b>	CM14-0138387		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/28/2012
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Orthopedic Surgery 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 56-year-old female with a reported date of injury on 11/28/2012. The mechanism of injury was noted to be from a twisting injury. Her diagnoses were noted to include osteoarthritis of the knee, arthroscopy knee synovectomy surgery. Her previous treatments were noted to include arthroscopy, injections, physical therapy, and bracing. The progress note dated 06/26/2014 revealed complaints of pain and swelling to the left knee with any activity. The injured worker revealed the Orthovisc injections did not help her pain and that she was getting swelling on top of her knee with any activity. The injured worker reported her knee was 30% worse. The physical examination revealed tenderness to palpation to the lateral and medial joint line. The motor strength examination rated 5/5. An x-ray performed revealed moderate varus osteoarthritis to the left knee. The Request for Authorization Form dated 07/15/2014 was for a Cold Therapy Unit with pads, postoperative occupational therapy 3 times 2 weeks for staples out day 9 or 10 and home health nursing for 2 times 2 blood draws, outpatient postoperative physical therapy 3 times 4, preoperative PT, INR, HIV and hepatitis C screening, and chest x-ray, for medical clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Occupational Therapy 3 x 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines  
Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51, Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** The request for home occupational therapy 3 times 2 is not medically necessary. The injured worker was attempting to get authorization for knee surgery. The California Chronic Pain Medical Treatment Guidelines recommend home health services 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 restroom when this is the only care needed. The Postsurgical Treatment Guidelines recommend for arthroplasty 24 visits over 10 weeks and the postsurgical physical medicine treatment period of 4 months. There is lack of documentation regarding the injured worker's surgery approved and therefore, due to the lack of documentation the request for home occupational therapy is not appropriate at this time. Therefore, the request is not medically necessary.

**Outpatient postoperative physical therapy 3 x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** The request for outpatient postoperative physical therapy 3 times 4 is not medically necessary. The injured worker is awaiting surgery approval for knee surgery. The Postsurgical Treatment Guidelines recommend for arthroplasty 24 visits over 10 weeks and the postsurgical physical medicine treatment period of 4 months. Due to the lack of documentation regarding surgery approval, outpatient postoperative physical therapy is not appropriate at this time. Therefore, the request is not medically necessary.

**Cold Therapy Unit with Pads:** 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), Flow Cryotherapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Continuous-flow cryotherapy.

**Decision rationale:** The request for a Cold Therapy Unit with pads is not medically necessary. The injured worker is awaiting authorization for knee surgery. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In

the postoperative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; the effect on more frequently treated acute injuries have not been fully evaluated. The knee surgery has not been approved and the request failed to provide the number of days requested for utilization of the Cold Therapy Unit. Therefore, the request is not medically necessary.

**Staples out day 9 or 10 and Home Health Nursing for 2 x 2 for blood draws.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Nursing Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** The request for staples out day 9 or 10 and home health nursing for 2 times 2 for blood draws is not medically necessary. The injured worker has not been approved for knee surgery. The California Chronic Pain Medical Treatment Guidelines recommend home health services 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 restroom when this is the only care needed. The request is for home health medical treatment; however, the injured worker has not been authorized to have the knee surgery and therefore, home health nursing is not appropriate. Therefore, the request is not medically necessary.

**Preoperative PT, INR, HIV & Hepatitis C-Screening:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, Knee Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Danielson D, Bjork K, Card R, Foreman J, Harper C, Roemer R, Stultz J, Sypura W, Thompson S, Webb B. (2012). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Jul. 61 p.

**Decision rationale:** The request for preoperative PT, INR, HIV and hepatitis C screening is not medically necessary. The injured worker is waiting for approval for knee surgery. The National Guideline Clearinghouse recommends coagulation studies if the injured worker has a known history of coagulation abnormalities or recent history suggesting coagulation problems or is on anticoagulants. HIV and hepatitis C screening are not routine for preoperative clearance. The injured worker has not yet been approved for surgery and therefore, preoperative laboratory work is not appropriate at this time. Therefore, the request is not medically necessary.

**Chest X-ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, Knee Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Danielson D, Bjork K, Card R, Foreman J, Harper C, Roemer R, Stultz J, Sypura W, Thompson S, Webb B. (2012). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Jul. 61 p.

**Decision rationale:** The request for a chest x-ray is not medically necessary. The injured worker is waiting for authorization for knee surgery. The National Clearinghouse Guidelines state a chest x-ray is not necessary unless the injured worker has signs or symptoms suggesting new or unstable cardiopulmonary disease. There is lack of documentation regarding new or unstable cardiopulmonary disease and the injured worker has not received authorization for knee surgery. Therefore, the request is not medically necessary.