

Case Number:	CM14-0145237		
Date Assigned:	09/12/2014	Date of Injury:	02/05/2009
Decision Date:	10/14/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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 Pennsylvania. 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 claimant is a 54-year-old who was injured on 02/05/09. The clinical records provided for review included the progress report of 08/18/14 documenting a current diagnosis of tricompartmental degenerative joint disease of the left knee and that the claimant has failed considerable conservative care. Total joint arthroplasty was recommended for long term benefit. There are current requests for perioperative treatment for a ten day skilled nursing facility stay, a shower bench, a three-in-one commode and a registered nurse visit x1. The request for a registered nurse visit was noted to be for Lovenox education.

IMR ISSUES, DECISIONS AND RATIONALES

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

RN Visit x 1: Upheld

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

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

Decision rationale: Based on the California MTUS Chronic Pain Medical Treatment Guidelines, a home health care registered nurse assessment for Lovenox education session would not be indicated. There is no documentation to explain why this information would not be provided to

the claimant while the claimant is an inpatient at hospital following the operative procedure. The specific request for medication education in the home care setting cannot be supported as medically necessary.

3-in-1 commode: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Durable medical equipment (DME) Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. 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. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. See also specific recommendations here: Aquatic therapy; Bathtub seats; BioniCare knee device; Bone growth stimulators; Braces; Canes; Cold/heat packs; Compression cryotherapy; Continuous-flow cryotherapy; Continuous passive motion (CPM); Crutches; Cryocuff; Cryotherapy; Dynamic splinting systems; Dynasplint; Electrical stimulators (E-stim); Electromyographic biofeedback treatment; ERMI knee Flexionater Extensionater; Flexionators (extensionators); Exercise equipment; Game Ready accelerated recovery system; Home exercise kits; Joint active systems (JAS) splints; Knee brace; Lymphedema pumps; Mechanical stretching devices (for contracture & joint stiffness); Motorized scooters; Neuromuscular electrical stimulation (NMES devices); Orthoses; Post-op ambulatory infusion pumps (local anesthetic); Power mobility devices (PMDs); RS-4i sequential stimulator; Scooters; Shower grab bars; TENS (transcutaneous electrical nerve stimulation); Therapeutic knee splint; Treadmill exerciser; Unloader braces for the knee; Vacuum-assisted closure wound-healing; Vasopneumatic devices (wound healing); Walkers; Walking aids (canes, crutches, braces, orthoses, & walkers); Wheelchair; Whirlpool bath equipment.

The term DME is defined as equipment which:

- (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients;
- (2) Is primarily and customarily used to serve a medical purpose;
- (3) Generally is not useful to a person in the absence of illness or injury; &
- (4) Is appropriate for use in a patient's home. (CMS, 2005).

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this case. The Official Disability Guidelines would support the request for a three-in-one commode for postoperative use. This would be considered a standard of care following joint arthroplasty for comfort and ease of the claimant. The use of the three in one commode in the claimant's postoperative setting would be supported as medically necessary.

Shower bench: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure Bathtub seats See Durable medical equipment (DME). Bathtub seats are considered a comfort or convenience item, hygienic equipment, & not primarily medical in nature. (CMS, 2005)

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Looking at Official Disability Guidelines criteria, a shower bench would not be indicated. Official Disability Guidelines indicates that bath seats are considered a comfort and convenience item and that hygienic equipment is not primarily part of medical care in nature. This form of durable medical equipment would thus not be indicated as medically necessary in the claimant's postoperative setting.

Skilled nursing facility x 10 days post-operatively: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Skilled nursing facility LOS (SNF)

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. When looking at Official Disability Guidelines, the request for an inpatient skilled nursing facility stay of ten days would be supported. The Official Disability Guidelines recommend 10-18 days of skilled nursing following knee replacement procedure. This would be considered a standard of care following the surgery. Therefore, the specific request in this case would be medically necessary.

