MAXIMUS Federal Services

| Case Number: | CM14-0146435 | | |
|---|---|---|---|
| Date Assigned: | 09/12/2014 | Date of Injury: | 05/18/2010 |
| Decision Date: | 10/31/2014 | UR Denial Date: | 08/12/2014 |
| Priority: | Standard | Application Received: | 09/09/2014 |

## 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 California. 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:

This claimant is a 58-year old male who sustained a vocational injury on 5/18/10, following a trip and fall incident. The Utilization Review determination has authorized right knee arthroscopy and debridement. There are multiple current requests related to the surgery.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal Medicine Pre-Operative Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.guideline.gov/content.aspx?id=38289

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7, page 127.

**Decision rationale:** The California ACOEM Guidelines note that consultations are typically utilized for the diagnosis, prognosis, therapeutic manager, determination medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The consultant is usually asked to act in an advisory capacity but may sometimes take full responsibility for investigation and/or treatment of examining the patient. Currently there is no documentation to

suggest the claimant has any comorbidities or any abnormal documented vital signs or pre-operative testing which would require consultation with an internal medical specialist for medical clearance. Subsequently, the documentation presented fails to establish the medical necessity for pre-operative internal medicine medical clearance and the request cannot be supported as medically necessary.

**RN Assessment for Post-Operative Wound Care and Home Aid as Needed:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7, page 127.

**Decision rationale:** The request for an RN assessment for post-operative wound care and home aid is not medically necessary. The California ACOEM Guidelines as well as California Chronic Pain Medical Treatment Guidelines do not support this recommendation. California Chronic Pain Medical Treatment Guidelines note that Home Health services are recommended only for those otherwise recommended medical treatment for patients who are homebound on a part-time or "intermittent" basis. Generally up to no more than 34-hours/week. Currently there is no documentation suggesting the claimant would be homebound following a knee arthroscopy or is unable to take care of her own post-operative arthroscopic incisions. Furthermore, medical necessity has not been established with regard to request for an RN assessment for post-operative wound care and home aid and cannot be considered medically necessary.

**DVT Unit:** 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), Knee & 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 & Leg chapter -- Venous thrombosis

**Decision rationale:** The California MTUS and ACOEM do not provide criteria relevant to this request. The Official Disability Guidelines note that Aspirin may be the most effective way to prevent pulmonary embolism or venothromboembolism in patients undergoing orthopedic surgery. In addition, there is no documentation suggesting that the claimant has any blood dyscrasias. any familial or personal history of DVT, or any general increased risk of DVT following arthroscopic knee surgery. Therefore, based on the documentation presented for review and in accordance with Official Disability Guidelines the request for the DVT unit has not been established as medically necessary.