

<b>Case Number:</b>	CM14-0097813		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 is a 61-year-old gentleman who injured his right knee in a work-related accident on 05/14/12. The medical records provided for review documented that the claimant failed multiple prior arthroscopic procedures including an October 2012 medial meniscectomy and an August 2013 medial and lateral meniscectomy. The office note dated 05/27/14 noted that the claimant remained symptomatic having failed recent conservative care including viscosupplementation injections. There was documentation that a recent MRI from February 2014 showed significant loss of cartilage medially and significant prior postoperative changes of the meniscus. The recommendation was for total knee arthroplasty. The 06/10/14 Utilization Review determination did not recommend the proposed right knee uni-compartmental arthroplasty. In direct relationship to the claimant's surgery, there is a request for ten days of home nursing and six sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home visiting nurse x 10 days:** Upheld

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

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

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, the request for ten days of a home visiting nursing is not recommended as medically necessary. The Chronic Pain Guidelines recommend a home health nurse in the postoperative setting when the patient is home bound, the request for the surgical procedure has not been authorized according to the 06/10/14 Utilization Review. Since the surgery is not recommended as medically necessary, the request for a home visiting nurse is also not recommended as medically necessary.

**Physical therapy x 6 visits:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Arthritis (Arthropathy, unspecified) (ICD9 716.9):

**Decision rationale:** California MTUS Post-Surgical Rehabilitation Guidelines do not support the request for six sessions of physical therapy. The 06/10/14 Utilization review determination did not recommend the medical necessity for the total knee arthroplasty. Therefore, if the surgery is not recommended as medically necessary, there would be no necessity for postoperative physical therapy.